

Minato City Hearing Test Ticket and Results Report

Attach your hearing
test ticket here

*If you are receiving the test, fill in the form.

Test Date (YYYY/MM/DD):				
Furigana reading			Sex	M / F
Name			DOB	(YYYY/MM/DD) / /
			TEL	()
Address	Minato City			
Medical Questionnaire: Circle the applicable answer.				
1	Do you think you have poor hearing?			Yes No
2	Do your family or people around you say you have poor hearing?			Yes No
3	Do you use hearing aids? Have you used them in the past? (Details of hearing aid usage:)			Yes No
4	Does poor hearing interfere with your work or daily life?			Yes No
5	Do you think you could continue working if your hearing was better?			Yes No
6	If your doctor recommends a hearing aid based on the results of this test, would you like to try one?			Yes No
7	Do you have regular/periodic hearing tests?			Yes No
8	Are you aware that age-related hearing loss is one of the causes of dementia?			Yes No
9	Are you aware of the "Dementia Self-Check" that is conducted by the Minato-ku Medical Association?			Yes No

Hearing Test Results

Frequency (Hz)	125	250	500	1000	2000	4000	8000
Your hearing level (dB)	Right						
	Left						

Test Result Determination (Circle Appropriate Number)

1	No abnormality, or mild hearing loss with minimal disruption to daily life
2	Mild hearing loss, monitor over time (hearing aids may be used if desired)
3	Moderate/severe hearing loss, so active use of hearing aids is recommended
4	Ear disease requiring treatment, so visiting a medical institution is recommended

☐ Conduct detailed test
(If test result is 2 or 3)

Name of medical institution performing test:

Doctor name:

(For submission to Minato City)

Ref. No.	
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