



Today's Date: _____

CONFIDENTIAL PATIENT INFORMATION

Name: _____
Last First Initial

DOB: _____ Marital Status: _____ Gender: Male Female

Email Address: _____

Home Address: _____
Street City State Zip

Mailing Address: (PO BOX) _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____
Name Phone Number

Referral Source Doctor Referral Newspaper Walk In Online
 Friend/Family Mailer Phone Book TV
 Customer Referral Other: _____

How May We Contact or Leave a message for you? (CIRCLE ALL THAT APPLY)

Phone Email Cell Phone Other: _____

MEDICAL HISTORY

Have you ever smoked? Y N

Do you have heart disease or high blood pressure? Y N

Do You Have Any Allergies? Y N

Do you have a cardiac pacemaker or other electronic implant? Y N

Do you have arthritis? Y N

Do you have diabetes? Y N

Are you on blood thinners? Y N

Please list medications: _____

HEARING HISTORY

When was your last hearing test? _____

Do you have ringing or noises in your ears? Y N

Have you received any medical or surgical treatment for a hearing loss? Y N

If yes, please describe _____

Was anything recommended as a result of this evaluation? _____

Is your hearing better in one ear? Right Left

Have you ever had a sudden or rapid progression of hearing loss in the last 90 days? Y N

Do you experience dizziness/vertigo? Y N Has it caused you to fall? Y N

Have you had recent drainage from your ears within 90 days? Y N

Which communication environments have become difficult for you? (Circle)

Home



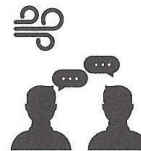
Conversations



Music



Outdoor
Conversation/Wind



Phone calls/
Watching TV



Meetings/
Conferences



Restaurant



Car



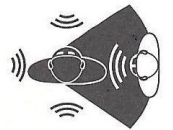
Crowds/
Social Events



Lively Acoustics/
Auditorium



Speech From
Different Directions



Do you currently wear hearing aids? Y N

If yes, what brand do you have? _____ How old are they? _____

What do you like & dislike about your hearing aids? _____

If a hearing loss is discovered today, are you ready for help today? Y N

Are you aware of the significant medical and communicative consequences of untreated hearing loss? Y N