Full Name:(Mr. Mrs. Ms.):	Date of Birth:
Address: City: State: Zip:	
E-Mail: Home Number:	Cell Number:
*Would you accept emails and or text messages regarding your hearing care from our company? ☐YES ☐NO	
Marital Status (check one): ☐Single ☐Married ☐Widowed ☐Divorced	
Occupation: (FT or PT) If Retired, what type of work did you do?	
*Insurance(s):	Primary Physician:
***please provide valid PHOTO ID to front desk with ALL insurance cards to input into our medical records.**	
Emergency Contact: Relationship:	Phone:
Any Allergies?: ☐Y ☐N If yes, please explain:	
Medication(s)/Dosage(s):	
(list on back of form if more room is needed)	
When did your hearing loss develop? ☐Suddenly or ☐Gradually	
When did you first notice your hearing loss?	
Do you know the cause of your hearing loss?	☐Y ☐N
If yes, please explain:	
Will this be your first hearing test?	☐Y ☐N
Have you ever had ear surgery?	☐Y ☐N
Have you been examined by a doctor in the past six months?	☐Y ☐N
Has the hearing in one ear rapidly decreased within the previous 90 days?	☐Y ☐N
Have you ever experienced acute or recurrent dizziness?	☐Y ☐N
Are you experiencing ear pain?	☐Y ☐N
Do you have ringing in your ears?	☐Y ☐N
Do you have trouble hearing on the telephone?	☐Y ☐N
Do you often ask others to repeat?	☐Y ☐N
Do you find it difficult to understand conversations in noise?	☐Y ☐N
Do you hear conversations loud enough but cannot understand the words?	☐Y ☐N
Do you have difficulty hearing your spouse/family member?	☐Y ☐N
Do others mention you play the radio or television too loud?	☐Y ☐N
What comments have others made about your hearing?	
In what situations do you have the most difficult understanding?	

IF HEARING LOSS IS DISCOVERED, ARE YOU READY FOR HELP?	**☐YES ☐NO**
I wear a hearing aid(s) in my ☐Left ☐Right or ☐Both, but I still experience the following problems:	
☐Some sounds are too loud	☐I can't tell from which direction sounds are coming from
☐Everything sounds tinny	☐Telephone use is difficult for me
☐The hearing aid whistles	☐My voice sound hollow and unnatural
☐Wind noise bothers me	☐I have trouble understanding when two or more are talking
Other:	

Signature: ____ Date: __________________

Office Use/notes:____

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