

PATIENT HISTORY

Date _____

PERSONAL

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
Home _____ Work _____ Cell _____
Email _____
Date of Birth _____ Age _____

Marital Status:

Single Married Divorced Widowed
Name of spouse, if applicable _____

Employment Status:

Part-Time Full-Time Retired Student
Occupation (*current or former*) _____

Insurance:

Primary Insurance Co. _____ ID# _____
Name of Policy Holder _____ Policy Holder DOB _____

MEDICAL HISTORY

Primary Care Physician _____
Phone _____
Address _____
Have you seen a physician specializing in diseases of the ear? Yes..... No
If yes, when _____ Name _____
Have you ever been treated by a physician for your hearing or ear problems? Yes..... No
If yes, describe: _____
Have you ever had any type of ear surgery? Yes..... No
If yes, describe: _____

Medical History/Conditions (*Check all that apply*)

Vision difficulty Ringing in the ears/head noises
 Pacemaker Blood thinner use

Are you being treated for any of the following?

High blood pressure Thyroid problems
 Diabetes

Please list:

Medications you are taking: _____

Serious illnesses/major surgeries within 10 years: _____

HEARING HISTORY

How long have you had hearing difficulties?
 Less than a year 2-5 years 10 years+
 1-2 years 5-10 years
Have you ever had a hearing test? Yes..... No
If yes, when and by whom? _____
Do you wear hearing instruments? Yes..... No
If yes, how long? _____
Which ear do you use on the phone? _____
Have you ever worked in noise? Yes..... No
If yes, describe _____
Does anyone in your family have trouble with their hearing? Yes..... No
If yes, how are you related? _____

Does your hearing cause you difficulty...

When listening to TV or radio? Yes..... No

When attending religious (or similar) functions? Yes..... No

Understanding voices in background noise? Yes..... No

When talking with your spouse or other family members? Yes..... No

When you're on the phone? Yes..... No

Please describe any other hearing/communication difficulties you are experiencing: _____

How did you hear about us?

- Physician Friend Newspaper Mail You Called Me TV/Radio
 Website Facebook Yellow Pages Other _____