HEARING HEALTH REPORT

CLIENT HISTORY

PLEASE PRINT

Today's Date _____ - _____ - _____

Last Name _____ First Name _____ MI _____

Address _____ ❑ Male ❑ Female ❑ Married ❑ Single ❑ Widow(er) ❑ Other

City _____ State _____ Zip _____ County _____

Home ( ) _____ - _____ Cell ( ) _____ - _____

E-mail Address _____ Date of Birth _____ - _____ - _____

Accompanying Party or Companion _____ Relationship _____

Family Physician Name _____ Fax _____

How did you hear about us? _____

Permission to release a copy of test information to physician? ❑ Yes ❑ No Patient's Signature _____

MEDICAL AND HEARING HEALTH HISTORY

Do you have any allergies? ❑ Yes ❑ No If yes, please list _____

Are you a diabetic? ❑ Yes ❑ No If yes, are you insulin-dependent? _____

Do you have arthritis/rheumatoid arthritis? ❑ Yes ❑ No

Are you taking any blood thinners? ❑ Yes ❑ No If yes, please list _____

Have you previously had a hearing test? ❑ Yes ❑ No If yes, by whom and when? _____

Have you received any medical or surgical treatment for your hearing loss? ❑ Yes ❑ No

If yes, when? _____ Explain _____

Physician/ENT _____ City _____ Phone _____

AMPLIFICATION HISTORY

Are you a current hearing aid wearer? ❑ Yes ❑ No Type _____ Ear fitted: ❑ Both ❑ Left ❑ Right

If yes, and you could improve something about your current hearing aids, what would that be? _____

_____

Do you know anyone who wears hearing aids? ❑ Yes ❑ No If yes, who? _____

OTOSCOPIC EXAM AND FDA QUESTIONS

- Ear surgery ❑ Yes ❑ No
- Sudden or rapid hearing loss in the last 90 days ❑ Yes ❑ No
- Acute or recurring dizziness ❑ Yes ❑ No
- Pain, pressure, or drainage in the ear ❑ Yes ❑ No
- Ringing or buzzing in the ear (Tinnitus) ❑ Yes ❑ No
- Excessive buildup of wax ❑ Yes ❑ No
- Does a hearing problem cause you to use the phone less often than you would like? ❑ Yes ❑ Sometimes ❑ No
- Does a hearing problem cause you difficulty when listening to TV or radio? ❑ Yes ❑ Sometimes ❑ No
- Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors? ❑ Yes ❑ Sometimes ❑ No
- Does a hearing problem cause you difficulty when attending a party? ❑ Yes ❑ Sometimes ❑ No
- Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? ❑ Yes ❑ Sometimes ❑ No
- Do you use a cell phone ❑ Yes ❑ No
- If so, do you use ❑ iPhone ❑ Android ❑ Other

Acknowledge of notice of privacy practices – Signature _____ Date _____ - _____ - _____