

CONFIDENTIAL CLIENT INFORMATION

Please complete the following information pertaining to your hearing:

Name _____ Phone _____

Address _____ Date of Birth _____

City _____ State or Province _____ Zip or Postal Code _____

Present _____ or Previous _____ Occupation _____

Social Security (optional) _____ Email Address _____

Nearest Relative's Name, Address, & Phone _____

Marital Status: Single Widowed Married Name of Spouse _____

MEDICAL HISTORY

Family Physician's Name and Address _____

Have you seen a doctor in the last six months? YES NO Current Health Care Provider _____

If yes to the question above, have you seen a doctor specializing in diseases of the ear? YES NO

Please give doctor's name and date seen _____

Have you ever had any type of ear surgery? YES NO

When? _____ By whom? _____

What type of surgery? _____

Have you ever had your hearing tested? YES NO

When? _____ By whom? _____

What were the findings? _____

Is there a history of diabetes in your family? YES NO

Do we have your permission to send a copy of your test to your personal physician? YES NO

ABOUT YOUR EARS

Do you have any of these symptoms?

Deformity of the ear? YES NO | Hearing loss in one ear in the last 90 days? YES NO

Do you have any pain in your ears? YES NO | Have you ever seen a doctor for wax removal? YES NO

Sudden or rapid hearing loss in the past 90 days? YES NO | Drainage from either ear in the past 90 days? YES NO

Sudden or long-term dizziness? YES NO | Which is your poorer ear?
 Left Right Same

ABOUT YOUR HEARING

How long have you had a hearing problem? _____

Do you experience difficulty with...

Understanding all the words in conversation clearly? YES NO

Hearing in a crowd or other noisy situations where background noise is present? YES NO

Hearing by telephone? YES NO

Please answer the following questions about your hearing

Does anyone else in your family have a hearing problem? YES NO

What is their relationship to you? _____

Do you now or have you ever worn a hearing instrument? YES NO

What brand? _____

What were the results? _____

In what situations does your hearing problem give you the most trouble? _____

How did you hear about us? Relative/Friend Newspaper Mail TV Doctor Yellow Pages

Other _____

Signature _____ Date _____