

Name _____			Date ____/____/____	
Last	First	Middle Initial		
Married	Single	Widow(er)	Observing Party _____	
			Name	Relationship
Permanent Address _____				
Street			City	State Zip
Phone (____) ____-____				
Date of Birth ____/____/____		Age _____	Social Security # ____-____-____	
Spouse/Nearest Relative _____				
			Name	Relationship
Phone (____) ____-____				
Family Physician _____				
			City	State
Referral Source (check one):				
Doctor Referral	Patient Referral	Friend/Family	Newspaper (which one) _____	
Mail TV	Yellow Pages	Walk-in	Other _____	

MEDICAL HISTORY

Are you allergic to plastic?..... Yes No
 Do you have arthritis..... Yes No
 Are you an insulin dependent diabetic?..... Yes No
 Are you currently taking any antibiotics?..... Yes No

Have you received any medical or surgical treatment for a hearing loss?..... Yes No
 If yes, When? _____ Physician/ENT: _____
 Addition information about treatment: _____

HEARING INSTRUMENT EXPERIENCE

Have you ever worn hearing instruments?..... Yes No Left Right Both
 Are you wearing hearing instruments now?..... Yes No Left Right Both
 Year Purchased: _____

Please check below if you are experiencing any of the following problems with your hearing instruments(s):

Some sounds are too loud	Understanding when two or more people are talking
Everything sounds tinny	Knowing from which direction sounds are coming
The hearing instruments(s) whistle(s)	The hearing instruments(s) is (are) uncomfortable in my ears
Wind noise bothers me	My voice sounds hollow and unnatural
My ears feel plugged	Don't hear as well as when originally purchased
Telephone use is difficult	Other: _____

If we find during our evaluation that you can be helped with hearing instruments, which of the following would be most important to you? Please number 1-4 in the order of importance, with 1 being the most important and 4 being the least important.

[___] Understanding speech better [___] Size/inconspicuous appearance [___] Cost [___] Hearing in noisy surroundings

Patient Signature: _____