PATIENT INTAKE FORM

Patient Record

Name _____ DOB _____ Age _____

Address _____ City _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Email Address _____ Occupation _____ Retired _____

Referring Doctor or Primary Care Physician _____ Clinic _____

Insurance _____

Hearing Aid(s) worn R _____ L _____ Yrs _____

Sudden Change in Hearing Yes No

Ear Drainage or Ear Pain Yes No

Vertigo/Dizziness in past year Yes No

Hearing Loss Worse in One Ear No R L

Tinnitus/Ringing (H9313 Bi) how long? _____

Noise Exposure Work _____
Recreational _____

Family History _____

Are you a veteran? When? _____

Are you a Diabetic? Treatment _____

Tobacco? _____ How Much? _____

Medications: *please bring list with dosages*

I'm having difficulty hearing (check all that apply)

___ Conversational Speech in Quiet

___ Conversational Speech in a Group

___ Listening to Television or Movies

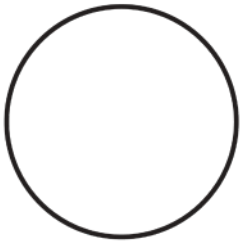
___ Phone Ear R L Either

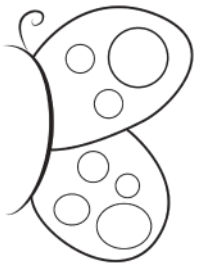
I understand and accept financial responsibility for all charges incurred for services, including finance and collection charges. I also understand that it is recommended by the FDA and choose not to receive a medical examination before acquisition of hearing aids. Annual mailings will be sent to you for exams, warranty expirations, and birthdays.

Signature _____ Date _____

PATIENT INTAKE FORM

Write numbers on the clock/complete the butterfly





Do you feel safe at home?	No	Yes
Do you feel sad or hopeless?	No	Yes
Do you feel guilty all the time?	No	Yes

The Audiologist will complete the below test results:

HZ	250	500	1K	2K	3K	4K	6K	8K
R								
L								
BCR								
BCL								
AU	SRT	MCL	%	UCL	W	Z		R

Hearing Sensory-Neural Conductive Mixed/Med Ref

Hearing Normal Mild Moderate Severe Profound

R L RIC TT C _____

EM R L _____

Access _____ Caption Call _____

10-20 dBHL No significant difficulty in most speech situations - May not hear some soft sounds & whispers.

25-45 dBHL Difficulty hearing faint or distant speech. Trouble with f, g, k, z, v, ch, sh, th, ph sounds.

50-70 dBHL Must shout to be heard. Needs facial cues, written text, captioning or voice near ear. Unable to hear most daily sounds. May need other assistive technology for home/office.

80+ dBHL Cannot hear most daily sounds. May rely on written notes or sign language/gestures to communicate.

Binaural amplifications necessary A C W WC

- For a blind person, or
- Needed for educational or vocational purposes, or
- Lack thereof, poses a safety hazard, or
- Needed for daily activities to relate to other people.