

# Patient Intake Form



Uthe Hearing Aid  
& Audiology Centers, LLC

## Patient Record

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_ Retired \_\_\_\_\_

Referring Doctor of Primary Care Physician \_\_\_\_\_ Clinic \_\_\_\_\_

Insurance \_\_\_\_\_

Hearing Aid(s) worn R \_\_\_\_ L \_\_\_\_ Yrs \_\_\_\_

Family History \_\_\_\_\_

Sudden Change in Hearing Yes No

Are you a veteran? When? \_\_\_\_\_

Ear Drainage or Ear Pain Yes No

Are you a Diabetic? Treatment \_\_\_\_\_

Vertigo/Dizziness in past year Yes No

Tobacco? \_\_\_\_ How Much? \_\_\_\_\_

Hearing Loss Worse in One Ear No R L

Medications: *please bring list with dosages*

Tinnitus/Ringing (H9313 Bi) how long?  
\_\_\_\_\_

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

\_\_\_\_\_ Conversational Speech in Quiet

\_\_\_\_\_ Conversational Speech in Group

\_\_\_\_\_ Listening to Television or Movies

\_\_\_\_\_ Phone Ear R L Either

Noise Exposure Work \_\_\_\_\_

Recreational \_\_\_\_\_

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 \_\_\_\_\_

**Des Moines Location**  
3839 Merle Hay Road,  
Suite 200  
Des Moines, IA 50310  
(515) 337-8265

**Pella Location**  
404 Jefferson Street  
Pella, IA 50219  
(641) 628-8811

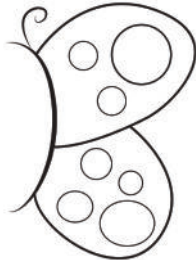
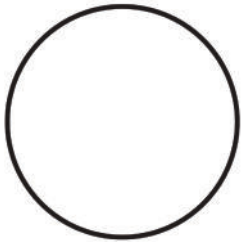
**Knoxville Location**  
1208 N Lincoln  
Knoxville, IA 50138  
(641) 842-4800

**Grinnell Location**  
807 Broad Street  
Grinnell, IA 50112  
(641) 236-6676

[www.utheaudiology.com](http://www.utheaudiology.com)

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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.