



Intake Form

Patient Name _____ Sex M F

First

MI

Last

Address _____

Street

City

State

Zip

Home Phone _____ Cellphone _____

Email _____ SSN _____

Date of Birth _____ Marital Status Married Single

Occupation _____ Employer _____

Emergency Contact _____ Phone _____

Relationship to Patient _____ Primary Care Physician _____

Is this your first hearing aid evaluation? Yes No

Have you been examined by an ear specialist in the last year? Yes No

Have you ever worn hearing aids? Yes No

Do you have any of the following?

Deformity of the ear Yes No

Ear drainage Yes No

Sudden hearing loss in the past 90 days Yes No

Acute or chronic dizziness Yes No

Pain or discomfort in either ear Yes No

Hearing loss in one ear only Yes No

Wax removed by a physician Yes No

Tinnitus / ringing in the ears Yes No

How did you find out about us?

Yellow Pages

Internet

Referred by Patient _____

Advertisement

Insurance

Referred by Physician _____

Employer

Other _____

I acknowledge I have received the Health Insurance Portability and Accountability Act policy for this office.

Patient Signature _____ Date _____

Does a hearing problem cause you to feel embarrassed when you meet new people? Yes No

Does a hearing problem cause you to feel frustrated when talking to members of your family? Yes No

Do you have difficulty hearing when someone speaks in a whisper? Yes No

Do you feel handicapped by a hearing problem? Yes No

Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors? Yes No

Does a hearing problem cause you to attend religious services less often than you would like? Yes No

Does a hearing problem cause you to have arguments with family members? Yes No

Does a hearing problem cause you difficulty when listening to TV or radio? Yes No

Do you feel that difficulty with your hearing limits or hampers your personal or social life? Yes No

Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? Yes No

If you answered "yes" to one or more of these questions, you could benefit from hearing devices.