

Confidential Client Information

1 Patient Information

Name: _____ Date: _____
Address: _____ DOB: _____ Age: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Marital Status: Single Widowed Married Name of Spouse: _____
Gender: _____ Occupation: _____
Primary Insurance: _____ Insured Name: _____ DOB: _____
How did you hear about us? Patient Newspaper Direct Mail Community Event Physician Referral Website
Emergency Contact Name: _____ Phone: _____

2 Medical History

Have you seen a doctor specializing in diseases of the ear: Yes No
Name of primary care or referring physician: _____
Have you ever had ear surgery: Yes No By whom: _____
Have you ever had your hearing tested: Yes No By whom: _____
Is there diabetes in your family: Yes No
Are you taking blood thinners: Yes No Do you wear a pacemaker: Yes No
Do you take prescription drugs daily, if so please list: _____

3 About Your Hearing

Do you have a deformity of the ear? Yes No
Do you have any pain in your ears? Yes No
Sudden or rapid hearing loss in the past 90 days? Yes No
Sudden or long-term dizziness? Yes No
Hearing loss in one ear in the last 90 days? Yes No
Have you seen a doctor for wax removal? Yes No
Drainage from either ear in the past 90 days? Yes No
Which is your poorer ear? Right Left Same
Do you have ringing or other noises in your ear(s)? if so which side? Right Left Both
Does anyone else in your family have a hearing problem: Yes No Who: _____
In what environment does your hearing problem give you the most trouble: _____

4 Hearing Aid Experience

- I have a hearing aid and use it regularly in my:
 - Right ear Left ear
- I have a hearing aid, but don't use it, or use it only occasionally.
- I have tried a hearing aid but returned it.
- I have inquired about hearing aids at another office(s), but did not purchase at that time.
- I have never used a hearing aid.

5 Self Questionnaire

Please answer "yes", "no", or "sometimes" to each of the following items. Do not skip a question if you avoid a situation because of a hearing problem.

If you wear a hearing aid(s), please answer the way you hear without the hearing aid(s).

	Yes	No	Sometimes
1. Does your hearing problem cause you to feel frustrated when visiting with friends, relatives or neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your hearing problem cause you to feel embarrassed when meeting with new people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have difficulty hearing when someone is soft spoken or speaks at a distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your hearing problem cause you to attend social events or religious services less often than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your hearing problem cause you to become fatigued by the end of the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your hearing problem cause you difficulty when listening to the TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your hearing problem cause you difficulty when in a restaurant with relatives or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your hearing problem cause you to have arguments with family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Motivation Scale

On a scale of 1-10, where do you feel you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? (Please circle one)

1	2	3	4	5	6	7	8	9	10
Not Motivated					Very Motivated				

7 Hearing Needs Assessment

Please rank the following factors in accordance with how important they are to you when deciding to purchase a hearing aid.

With a '1' being most important and a '4' being least important (Remember to use a 1, 2, 3 or 4.)

These are your choices:

_____ Sound Quality & Clarity _____ Durability/Reliability _____ Cost _____ Appearance

8 Motivation

What motivated you to come in today? _____

