Hill Country AUDIOLOGY

CONFIDENTIAL CLIENT INFORMATION

Name: _____ Date: _____

Physical Address: _____ Date of Birth: _____ Age: _____

City: _____ State: _____ Zip Code: _____

Phone: ( ) _____ Secondary Phone: ( ) _____

Email: _____

Social Security number (only if we are filing insurance): _____

Marital Status : (circle one) Single Widowed Married Name of Spouse: _____

Male Female (circle one)

Does your insurance have a hearing aid benefit rider? Yes No Not sure, please check

How did you hear about us? Patient Referral Newspaper Mail Physician Referral Yellow Pages Website

MEDICAL HISTORY

Have you seen a doctor specializing in diseases of the ear? Yes No

If so, please give Doctor's name and date seen: _____

Name of Primary Care Physician or Referring Physician: _____

Have you ever had any type of ear surgery?	Yes	No	By whom: _____
Have you ever had your hearing tested?	Yes	No	By whom: _____
Is there a history of diabetes in your family?	Yes	No	
Are you on a blood thinner?	Yes	No	
Do you have a pacemaker?	Yes	No	
Do you have a ringing/crickets/roaring in your ears?	Yes	No	

Do you have any of the following?

Deformity of the ears?	Yes	No
Do you have 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 past 90 days?	Yes	No
Have you ever seen a doctor for wax removal?	Yes	No
Drainage from either ear in the past 90 days?	Yes	No
Do you have more hearing in one ear than the other?	Yes	No

ABOUT YOUR HEARING

Does anyone else in your family have a hearing problem? Yes No

If so, whom? _____

In which situations does your hearing problem give you the most trouble? _____

_____

How long have you experienced these issues? _____

What is your hearing aid experience? (Please check one)

_____ I have a hearing aid and use it regularly. If so, which ears(s)? _____

_____I have a hearing aid, but don't use it, or use it only occasionally.

_____ I have inquired about hearing aids at another office, but I did not purchase.

_____ I have never used a hearing aid.

Please rank 1 – 4 in order of importance to you. Place a "1" next to the thing that is most important to you, and a "2" next to the thing that is second and so on.

_____ Sound quality/Clarity _____Durability/Reliability _____ Cost _____ Appearance

What motivated you to come in today? _____

_____

Please list the top three situations where you would most like to hear better. Be as specific as possible.

_____

_____

On a Scale of 1 – 10, where do you feel that you are (psychologically, financially, etc.) regarding doing something about your hearing loss? (please circle one)

1 2 3 4 5 6 7 8 9 10

Not Motivated Highly Motivated

(Please initial) I have been presented with and read the Notice of Privacy Practices _____