Patient Information

Date: ____/____/2017

Name: (Last) ________________________ (First) ________________ Middle Initial _____ Date of Birth ________

Address: ____

City: ____ State _____________ Zip ______________

Phone: ( ) ________-___________ Email: ____________________________________ Gender: M F

Primary Dr. & Tel #: ____________________________________ Insurance Name______________________

ENT Dr. & Tel # ____ Ins. ID # ___________________________

1. Do you currently wear or have you ever worn hearing aids? [ ] Yes [ ] No
2. Where do you have the most hearing difficulties? (Check all that apply)

[ ] Telephone [ ] Television [ ] Group settings [ ] Restaurants [ ] Church [ ] Meetings

Certain medications or medical conditions may cause hearing disorders. Please take a moment to complete the medical history listed below to the best of your ability.

1. Do you take any blood thinning medications? [ ] Yes [ ] No
2. Do you take or have you taken any medications for the following conditions?

   [ ] Heart [ ] High Blood Pressure [ ] Type II Diabetes (pill form only)
   [ ] Insulin Dependent Diabetes [ ] Thyroid [ ] Hormone Therapy [ ] Chemo-therapy
   [ ] Radiation Therapy [ ] Glaucoma [ ] Macular-degeneration [ ] Cataracts
   [ ] Chronic Headaches [ ] Ear Aches [ ] Sinus [ ] Other ________________________

3. Do you have a pacemaker? [ ] Yes [ ] No
4. Have you ever had wax removed from your ear(s)? [ ] Yes [ ] No
5. Do you have a history of ear infections? [ ] Yes [ ] No
6. Have you ever had minor or major surgery performed on your ear(s)?

   [ ] Yes [ ] No If yes: [ ] Left [ ] Right [ ] Both

   Type of Surgery and Approximate date: ____

   ____

7. Do you grind your teeth? [ ] Yes [ ] No
8. Do you have Temporomandibular Joint Dysfunction? (TMJ)? [ ] Yes [ ] No
9. Do you have itching or sensitive ears? [ ] Yes [ ] No
10. Do you hear noises in your ear(s)? [ ] Yes [ ] No

    If yes: [ ] Right [ ] Left [ ] Both

Referral Source (check one or more)
[ ] Doctor Referral [ ] Customer Referral [ ] Friend/Family [ ] Store Sign [ ] Mailer [ ] Walk-in
Newspaper: [ ] Evening News [ ] Tribune [ ] Courier Journal
Yellow Pages: [ ] SBC [ ] User Friendly [ ] Best Book [ ] Shepherds Guide
[ ] Website
[ ] Other ______________________________

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