Hearing Depot

www.TheHearingDepot.com

CLIENT INFORMATION

Date ______________________

Legal Name ______________________

Preferred Name ______________________

Spouse's Name ______________________

Address ______________________

City ______________________

State ____________ Zip ____________

Email ______________________

Phone ______________________

Age ________ Date of Birth ____________

Family Physician ______________________

Current or Previous Occupation

____

How did you hear about us?

☐ Word of Mouth ☐ Physician ☐ Mailing

☐ Newspaper ☐ Yellow Pages

☐ Other ______________________

CONFIDENTIAL CLIENT INFORMATION

Office Use Only

MEDICAL HISTORY

Have you been examined by a doctor in the past six (6) months? ☐ Yes ☐ No

Doctor's Name ______________________

Will this be your first hearing test? ☐ Yes ☐ No

Have you had ear surgery? ☐ Yes ☐ No

Type ______________________

Do you have any of the following

- Deformity of the ear? ☐ Yes ☐ No
- Sudden or rapid hearing loss in the past 90 days? ☐ Yes ☐ No
- Pan or discomfort in the ear? ☐ Yes ☐ No
- Acute or recurring dizziness? ☐ Yes ☐ No
- Ringing in the ears? ☐ Yes ☐ No
- Previous ear infections? ☐ Yes ☐ No
- Active drainage from the ear? ☐ Yes ☐ No

Have you ever found it necessary to have a doctor remove wax from your ears? ☐ Yes ☐ No

In which ear is your hearing the worst? ☐ Both ☐ Yes ☐ No

Are you taking any prescription medication? ☐ Yes ☐ No

Type ______________________

Do you have any medical problems ☐ Yes ☐ No

Type ______________________

HEARING HISTORY

Subjective Agreement

Have you noticed that people seem to mumble? ☐ Yes ☐ No

Do you sometimes hear words but do not always understand them? ☐ Yes ☐ No

Do you find it difficult to hear in noisy places? ☐ Yes ☐ No

Have you been told that you speak loudly? ☐ Yes ☐ No

Do others complain that you play the T.V. too loudly? ☐ Yes ☐ No

Have you been told on occasion that you missed the ringing of the telephone? ☐ Yes ☐ No

If a hearing loss is discovered are you ready for help? ☐ Yes ☐ No

HEARING INSTRUMENT USER

Do you have or have you ever worn a hearing instrument? ☐ Yes ☐ No

Type of hearing instruments?

☐ IIC ☐ CIC ☐ ITC ☐ ITE ☐ RIC ☐ BTE

Brand ______________ How old? ☐ 1-2 yrs. ☐ 3-4 yrs. ☐ 5+yrs.