

Date ___/___/_____ Select One Male Female Select One Single Married
 Date of Birth ___/___/_____ Insurance Type _____
 Name (Please Print) _____
 Address _____ City _____ State _____ Zip _____
 How would you prefer to be contacted for follow up care? _____
 Best Phone Number (____) _____ - _____ Secondary Phone(____) _____ - _____
 Email _____
 Employer _____ Occupation _____
 Did you retire from Honeywell, USEC, General Tire, or Cook Coal? _____
 Where did you retire from? _____

Please sign if you do not want to bring a doctors note saying you need hearing instruments.
 Waiver to Medical Evaluation
 I have been advised by Better Hearing that the Food and Drug administration and the State of Illinois have determined that my best interests would be served if I had a medical evaluation by a licensed physician, preferably a physician who specialized in diseases of the ear, before purchasing a hearing aid. I am 18 years old or older, and voluntarily sign.
 X _____ Date ___/___/_____
Please sign if we may release your records to your primary care physician and/or bill your insurance.
 I authorize Better Hearing to use and disclose my protected health information to my primary care physician and my healthcare insurance company.
 X _____ Date ___/___/_____
 Who is your primary care physician or family doctor? _____

What do you think caused your hearing loss? (Select One) Age Genetics Noise Other _____
 Do you have anyone in your family that has hearing loss, if so who? _____
 How long have you noticed your "small" hearing problem? _____

Do you have any ringing or noises in your ears?	No	Both Ears	Left Ear	Right Ear
Have you had ear drainage, pain or dizziness in the last 3 months?		Yes	No	
Has your hearing significantly changed in the last 3 months?		Yes	No	
Have you had ear surgery?		Yes	No	
Do you spend most of your time at work and on the go?		Yes	No	
Do you sometimes not understand what people say, or ask people to repeat?		Yes	No	
Do you care if other people notice that you wear hearing instruments?		Yes	No	
Does your spouse (or anyone else) comment on your hearing?		Yes	No	
Have you ever made an investment in hearing instruments?		Yes	No	
Would you be willing to wear hearing instruments if they would help you?		Yes	No	

Have you seen our: (Select all that apply) TV Ads (What channel?) _____
 Newspaper Ads (What paper?) _____
 Website (How did you find our website?) _____
 Other (Please Specify) _____
 What motivated you to choose Better Hearing and the Rhodes family as your preferred hearing instrument provider? _____
 Did someone refer you to us? (Select One) Y / N If yes what is their name? _____