



NEW PATIENT INFORMATION and ASSESSMENT FORM

Please provide us some information about your ears and your hearing.

Thank you!

PATIENT INFORMATION

Name _____ Preferred Name: _____ Phone # _____
 Street Address _____ Male ___ Female ___ Age ___ Date of Birth _____
 City _____ State _____ Zip _____ Social Security # (optional) _____
 Email _____ Insurance: Medicare ___ Medicaid ___ Private ___
 Marital Status: Married ___, Spouse's Name _____, or Single ___ Divorced ___ or Widowed ___
 Are you an active, inactive, or retired school teacher or member of the military, police, fire, rescue or EMS services? [Yes] [No]
 Who may we thank for referring you to us? _____, Friend ___ Family ___ Co-Worker ___, or Other ___
 How else did you hear about us? [Friend/Family] [Doctor] [Website] [Newspaper] [Mail] [TV] [Radio], or Other _____

MEDICAL INFORMATION

Primary Care Physician _____ Office Phone #: _____
 Medical Ailments / Surgeries in the past 12 months _____
 Previous Ear Ailments/Ear Surgeries _____
 Incidents of ___ Head Injury, ___ Stroke or TIA, ___ Concussion, ___ Mis-Hearing, ___ Dementia

ABOUT YOUR EARS

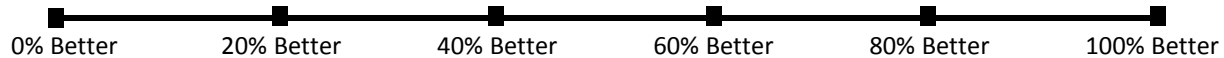
[Yes] [No] Ear Deformity / Injury? [Left] [Right]
 [Yes] [No] Ringing in the ears – Tinnitus?
 [Yes] [No] Previous wax removal by a professional?
 [Yes] [No] Current pain in your ears? [Left] [Right]

In the past 3 months . . .

[Yes] [No] Sudden or rapid hearing loss? [Left] [Right]
 [Yes] [No] Hearing loss in only one ear? [Left] [Right]
 [Yes] [No] Drainage from either ear? [Left] [Right]
 [Yes] [No] Sudden or long term dizziness?

ABOUT YOUR HEARING

- How does your hearing today compare to 2 years ago? ___ Better, ___ Same, ___ Worse
- How does your hearing today compare to 5 years ago? ___ Better, ___ Same, ___ Worse
- If we test your hearing, are you interested in listening to custom programmed hearing aids? ___ Yes, ___ Maybe, ___ No
- If a specific incident led you to make this appointment, what was it? _____
- If you have used hearing instruments, how much better is/was your hearing with them?



- How long have you noticed your hearing issues? _____
- When was your last hearing test? _____
- What were the hearing test results? _____
- Which ear hears better? [Right] [Left] [Same]
- Who else in your family has or had any hearing loss? _____

Please sign below if you agree to have your ears examined and your hearing evaluated. Signature does not convey any obligation to purchase hearing instruments. The Better Hearing Center may contact you to follow up on your ear exam, hearing evaluation, and hearing instrument demonstration you may receive today.

Signature: _____ **Date:** _____

Congratulations for choosing the Better Hearing Center.

V4.15

FOR OFFICE USE ONLY

--	--	--	--	--	--

Better Hearing Center Representative

License / Cert #

3rd Party

STAP

Promotion

TSD