HEARING CONSULTANTS, Inc.

BETTER HEARING QUESTIONNAIRE

Our concern is your hearing and to better help you we ask that you fill out this questionnaire to describe in what ways your hearing affects you. This information is kept confidential and is made a part of your permanent file

Name ______________________________ **Date of Birth** ____________
(Last) (First) (Initial) (M/D/Y)

Mailing Address ______________________________
(City) (ST) (Zip)

Telephone: ____________________ **Alternate Phone:** ____________________

Email Address: ______________________________

Age : ____________ **How did you hear about us?** ____________________

Family Physician: ______________________________
(Phone)

Reason for today's appointment ______________________________

MEDICAL/AUDIOLOGIC HISTORY

	YES	NO
▪ Will this be the first time you've had a hearing test?	❒	❒
If no, what year were you last tested __________		
▪ Have you ever had ear surgery?	❒	❒
If yes, when? _______ which ear? _______ procedure? ______________		
▪ Do you have noises or ringing in your ears?	❒	❒
▪ Did you have chronic ear infections as a child or adult?	❒	❒
▪ Do you have a family history of hearing loss?	❒	❒
▪ Have you been exposed to a lot of noise in your life?	❒	❒
▪ Have you had any trauma to the head?	❒	❒
▪ In which ear do you hear better? circle: left right		
▪ What do you believe caused your hearing problem? ______________		
▪ Do you wear hearing aids?	❒	❒
If yes, circle: left only right only both ears		
What year did you buy your hearing aids? ______________		
Approximately how many hours a day do you wear them? __________		
Do you have any problems with your hearing aids?	❒	❒
If yes, explain: ______________		

▪ Why have you decided to have your hearing tested at this time?
  - ❒ I feel my hearing is poor and may need to be aided.
  - ❒ Family/friends have suggested I have my hearing checked.
  - ❒ Other reason/explain: ______________________________

(Please complete backside of this form)

ASSESSMENT OF PRIORITIES RELATING TO HEARING CORRECTION

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If hearing aids are recommended please answer the following a preference for hearing aid technology and/or style, check the appropriate boxes below.

Hearing Aid Technology
- ❐ Advanced Digital Instruments
- ❐ Programmable Instruments
- ❐ Basic Instruments
- ❐ No Preference
- ❐ Not Sure

Hearing Aid Style
- ❐ Completely-In-the-Canal
- ❐ Canal
- ❐ In-The-Ear
- ❐ Behind-The-Ear

Not Sure

Following you will find a list of important factors to consider when purchasing a hearing instrument. Please rate them in order of importance from 1 to 6 by placing the number 1 next to the most important factor, the number 2 next to the second most important factor, and so on through number 6, which is the least important factor to you.

_____ Understanding speech better
_____ Inconspicuous Appearance
_____ Comfort
_____ Function in noisy environment
_____ Cost
_____ Service

Hearing Difficulty Questionnaire

Listening Situations	Hearing Quality					Importance to You		
	Poor				Normal	Not	Somewhat	Very
Quiet (one on one conversation)	1	2	3	4	5	1	2	3
Television	1	2	3	4	5	1	2	3
Leisure Activities	1	2	3	4	5	1	2	3
Restaurants	1	2	3	4	5	1	2	3
Church	1	2	3	4	5	1	2	3
Meetings/Groups	1	2	3	4	5	1	2	3
Work Place	1	2	3	4	5	1	2	3
Telephone	1	2	3	4	5	1	2	3
Car	1	2	3	4	5	1	2	3
Male Voice	1	2	3	4	5	1	2	3
Female Voice	1	2	3	4	5	1	2	3
Child's Voice	1	2	3	4	5	1	2	3
Other (please indicate)	1	2	3	4	5	1	2	3

HIPPA Privacy Acknowledgement Form

I have received the notice of Privacy Practices and I have been provided an opportunity to review it.

May we share your medical information with your doctor? **Yes_______No______**
May we leave a message on your answering machine regarding your hearing care? **Yes_______No______**
May we discuss your hearing healthcare with a family member? **Yes_______No______**

I authorize release of information to all insurance companies, and I understand that I am ultimately responsible for any balance due. I authorize release of medical records and evaluations to the doctors/agencies listed.

Patient's Signature ____ Date______________________

Thank You for helping us help you hear better!