



18525 W. Lake Houston Pkwy
Humble, TX 77346
(281) 361-4327
www.NEHoustonHearing.com

Date: ___/___/___

PLEASE PRINT CLEARLY

Name: _____ Birth date: _____ Age: _____
Last First Middle

Primary address: _____
Street City State Zip

Home phone: () _____ Email address: _____

Cell phone: () _____ Primary physician: _____

Primary Insurance Company: _____ ID#: _____ Group#: _____

Secondary Insurance Company : _____ ID#: _____ Group#: _____

Sex: [] Male [] Female Marital status: [] Single [] Married [] Widowed [] Other _____

Emergency contact: _____ Phone: () _____ Relationship: _____

Whom can we thank for referring you? Family, Friend, Online, Mail, Newspaper, Dr., etc. _____

Table with 6 columns: Do you have..., Right, Y/N, Left, Y/N, (For Hearing Professional Only). Rows include Ear pain?, Ear drainage?, Fullness in the ears?, Ringing in the ears?

Please check all that apply:

- [] Stroke [] Heart attack [] Pacemaker [] Visual problems [] Family History of Hearing Loss
[] Arthritis [] Head injury [] Aspirin therapy [] Diabetes [] High blood pressure
[] Vertigo or Dizziness [] Noise Exposure
[] Ear infections or surgeries (include date): _____
[] Other medical conditions: _____

Please list medications (prescription and over the counter):

- 1. Medication: _____ Dosage: _____
2. Medication: _____ Dosage: _____
3. Medication: _____ Dosage: _____
4. Medication: _____ Dosage: _____

X _____ / _____
Signature Date