



# FUTURE HEARING

## of Lafayette

*The Future of Hearing is Here.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: S M D W Spouse's Name: \_\_\_\_\_

Employed By: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance: (Only if hearing aid is covered): \_\_\_\_\_  
(If so, please furnish your insurance card)

How did you hear about us? (Friend, Doctor, Phone Book, Internet, etc.) \_\_\_\_\_

Approximate date of hearing loss \_\_\_\_\_ Gradual loss /sudden loss

Does or did the ear drain pus or water Yes / No

Do you have dizziness Yes/ No

Was the loss associated with dizziness Yes/ No

Is there any ear pain Yes / No if yes explain: \_\_\_\_\_

Is there any "ringing" or sounds in your ear Yes /No if yes explain: \_\_\_\_\_

Have you ever had ear surgery and if so, what kind \_\_\_\_\_

Have you ever had an ear injury and if so, describe it \_\_\_\_\_

Have you ever worked around loud noises & if so, describe the type of work & the last date of exposure

Do you:  fire weapons  use power tools  listen to loud music

Have you or any member of your "blood" family had a hearing loss and if so, name and describe the relationship \_\_\_\_\_

Do you wear hearing aid(s) Yes /No If yes, which ear Right /Left /Both  
For how long and with what degree of success \_\_\_\_\_