



Date ____/____/____ Phone () ____ - ____

Name _____ Male Female
Last First Initial

Address _____
Street City State Zip

Married Single Widow(er) Observing Party _____
Name Relationship

Date of Birth ____/____/____

Family Physician Name _____ Phone _____

Address _____
Street City State Zip

Type of Health Insurance _____

Have you ever had a professional hearing test? _____

If so, when and where was your most recent exam? _____

Was anything recommended as a result of this evaluation? _____

Amplification History:

Current Hearing Aid wearer: Yes No Type _____

If yes, and you could improve 2-3 things about your current hearing instrument, what would they be? _____

Medical History

Do you have any allergies? Yes No Are you an insulin-dependent diabetic? Yes No

Do you have arthritis? Yes No Are you currently taking any medication? ... Yes No

If yes, please list _____

Have you received any medical or surgical treatment for a hearing loss? Yes No

If yes, when? _____ Physician/ENT: _____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

Additional information about treatment: _____

To Be Completed By Hearing Instrument Specialist

*Visible congenital or traumatic deformity of the ear? Yes No

*Visible evidence of significant cerumen accumulation or a foreign body in the ear canal? Yes No

*Any history of, or active drainage from, the ear within the previous 90 days? Yes No

*Any history of sudden or rapidly progressive hearing loss within the previous 90 days? Yes No

*Have you experienced any acute or chronic dizziness? Yes No

*Is there a unilateral hearing loss of sudden or recent onset within the previous 90 days? Yes No

*Have you experienced any pain or discomfort? Yes No

*Audiometric air-bone gap equal to, or greater than 15dB at 500Hz, 1000Hz, and 2000Hz? Yes No

Comments _____

Representative _____ Registration Number _____

***If answer is "Yes" to any of these questions, patient must be referred to a physician or ear specialist prior to a hearing instrument fitting.**