

# HEARING SOLUTIONS

ELLIS-SCOTT & ASSOCIATES, INC.

## PATIENT INFORMATION

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

OFFICE \_\_\_\_\_

Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female

Family Physician \_\_\_\_\_

Current or Prior Occupation \_\_\_\_\_

How did you hear about us:

Word of mouth  Physician  Mail  Newspaper  Phone Book  
 Internet  Facebook  Magazine  Other \_\_\_\_\_

## CONFIDENTIAL PATIENT INFORMATION

### MEDICAL HISTORY

Have you been examined by a doctor in the past six (6) months?  Yes  No

Doctor's Name \_\_\_\_\_

Will this be your first hearing test?  Yes  No

Have you had ear surgery?  Yes  No

Type \_\_\_\_\_

**Do you have any of the following:**

• Deformity of the ear?  Yes  No

• Sudden or rapid hearing loss in the last 90 days?  Yes  No

• Pain or discomfort in the ear?  Yes  No

• Acute or recurring dizziness?  Yes  No

• Ringing in the ears?  Yes  No

• Previous ear infections? (In the last year)  Yes  No

• Active drainage from the ear?  Yes  No

Has it ever been necessary for a doctor to remove wax from your ears?  Yes  No

In which ear is your hearing the worst?  Both  Left  Right

Are you taking any prescription medications?  Yes  No

Type \_\_\_\_\_

Do you have any medical problems?  Yes  No

Type \_\_\_\_\_

### HEARING HISTORY

Have you noticed that people seem to mumble?  Yes  No

Do you sometimes hear words but don't always understand them?  Yes  No

### SUBJECTIVE AGREEMENT

Do you find it difficult to hear in noisy places?  Yes  No

Have you been told you speak loudly?  Yes  No

Do others complain that your TV volume is too loud?  Yes  No

Have you been told that you missed the ringing of the telephone?  Yes  No

If a hearing loss is discovered, are you ready for help?  Yes  No

### HEARING INSTRUMENT USER

Do you or have you ever worn a hearing instrument?  Yes  No

Type of hearing instrument:

IIC  CIC  ITC  ITE  RIC  BTE

Brand \_\_\_\_\_ How old?  1-2 years  3-4 years  5+ years