Confidential Patient Record

1. PATIENT HISTORY

Date:_____ Phone: ( ) _____ E-Mail:_____

Last Name_____ First Name_____

Address_____ _Male _Female _Married _ Single _Widow(er)

City_____ St_____ Zip_____ County_____

Date of Birth_____ Past/Present Occupation_____

Referred by:_____ Insurance/3rd Party_____

Primary Care Physician_____

May we send information to your primary care physician (circle one) Y N

Do you have any allergies? _Yes _No
Do you have any arthritis? _Yes _No
Are you taking any blood thinners? _Yes _No
Are you an insulin-dependent diabetic? _Yes _No
Are you currently taking any medications? _Yes _No
If so, please list_____

MEDICAL HISTORY Have you received any medical or surgical treatment for hearing loss? _Yes _No

If yes? When?_____ Explain_____
ENT Physician_____ City_____ Phone_____

I have been advised by Professional Hearing Centers that the Food and Drug Administration has determined that my best interest would be served if I have a medical evaluation by a licensed physician (preferably by a physician who specializes in disease of the ear) before purchasing a hearing instrument. I do not wish a medical evaluation before purchasing a hearing instrument. This test information will be compiled fo the purpose of making hearing selections and adaptations of hearing instruments. I am at least 28 years old.

Signature_____ Date_____

*If you prefer to see a physician before purchasing a hearing instrument, we will provide you with the appropriate form.

2. OTOSCOPIC EXAM_____

Right Ear_____ Left Ear_____

3. FOR HEARING INSTRUMENT SPECIALIST

- Visible congenital or trauma 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 with in 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 500 Hz, 1000Hz and 2000Hz?... _Yes _No

COMMENTS:

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