HEARCARE
Audiology Center

NEW PATIENT INTAKE

Prefix (circle one): Dr. Mr. Ms. Mrs.

Name: _____
(First) (MI) (Last)

Preferred Name: _____ Date Of Birth: _____ Sex: M F
(mm/dd/year)

Primary Address

Address: _____

City: _____ State: _____ Zip Code: _____

Secondary Address

Address: _____

City: _____ State: _____ Zip Code: _____

Employment Status *(circle one)*: Retired Full Time Part Time Unemployed

Marital Status *(circle one)*: Married Widowed Divorced Single Other

Significant Other/Companion Name: _____

Emergency Contact

Name: _____ Phone Number:_____

Primary Care Physician

Physician Name: _____ Phone Number:_____

Health History

(please circle yes or no for each question)

Do You Have….

A family history of hearing loss? Yes No If yes, who:_____

A history of noise exposure? Yes No

Dizziness? Yes No

Vertigo? Yes No

Loss of Balance? Yes No

Ringing? Yes No

Buzzing? Yes No

Hissing? Yes No

Other Sound? _____

Ear Pain? Yes No

Ear Pressure? Yes No

Ear Fullness? Yes No

How would you rate your hearing ability on a scale of 1 to 10 (1 being very poor and 10 being excellent)? _____

How would you rate your listening effort in a noisy environment, like a restaurant, on a scale of 1 to 10 (1 being very difficult/lots of effort and 10 being easy/no effort)? _____

Present Medications: _____

Medication Allergies:_____

Reason for today's visit? _____

How did you hear about HearCare Audiology? _____

I understand that I may be responsible for: my deductible, copays, and/or money that my insurance company says I owe, is my own responsibility.

I authorize the release of any medical information to my personal primary physician, or referring physician, and to the insurance company if needed to process this claim and related claims.

I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignment.

I certify that the above information is correct and I have read and fully understand.

_____ _____

Signature Date