

# Southern Tier Audiology Associates

## PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender  Male  Female Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_  Past  Present

Insurance Carrier: \_\_\_\_\_ I.D. No./Policy No. \_\_\_\_\_

Marital Status  Single  Married  Widowed Name of Spouse: \_\_\_\_\_

Name of Observing Party/Appointment Companion (if any): \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Permission to Release a copy of test to Physician upon request?  Yes  No

## HEARING HEALTH HISTORY

Do you have any sinus/allergy problems?  Yes  No If yes, please list \_\_\_\_\_

Are you a diabetic?  Yes  No

Do you have a history of noise exposure?  Yes  No

Do you have any ringing in yours ears?  Yes  No  Left  Right  Both

Do you have any dizziness or loss of balance?  Yes  No If yes, which? \_\_\_\_\_

Do you have a family history of hearing loss?  Yes  No

Are you currently taking any medication?  Yes  No If yes, please list \_\_\_\_\_

Have you previously had a hearing test?  Yes  No If yes, by whom? \_\_\_\_\_ Date: \_\_\_\_\_

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

If yes, what? \_\_\_\_\_ When? \_\_\_\_\_ Physician/ENT: \_\_\_\_\_

Any other medical condition(s)? \_\_\_\_\_

## AMPLIFICATION HISTORY

Do you currently wear hearing aids?  Yes  No Type: \_\_\_\_\_  Ear fitted  Both  Left  Right

If yes, what would you like to improve about your current hearing instruments? \_\_\_\_\_

## LIFESTYLE

Please check all that apply:  Listening to Music or  Audiobooks:  Eating out often  Hunting  Watching TV/Movies

Attending Meetings/Conferences  Participating in Sports (please list): \_\_\_\_\_

Attending sporting events (please list): \_\_\_\_\_  Other: \_\_\_\_\_

**How did you hear about us?**  Mail  Phone  Newspaper  Yellow Pages  Television  Web  Physician

Patient Referral (their name): \_\_\_\_\_  Other: \_\_\_\_\_