KING HEARING CENTER

Confidential Patient Information

PERSONAL INFORMATION

Date _____

Patient's Name _____ Email _____ Phone ( ) _____

Address _____ City _____ State/Zip _____

Date of Birth _____ SS# _____ Spouse's Name _____

Driver's Lic # _____ Marital Status: Single Married Widowed

Occupation _____ Employer _____ Phone ( ) _____

How did you hear about us? Mail Phone Newspaper Yellow pages TV Physician Friend User Other _____

Name

MEDICAL HISTORY

Family Physician _____ Address _____ Phone ( ) _____

Have you seen a doctor in the last 6 months? Yes No

If yes to the question above, have you seen a doctor specializing in diseases of the ear? Yes No

Please give doctor's name and date seen: _____ Date _____

Have you ever had an ear infection? Yes No Number of infections in the past 12 months _____

Have you ever had any type of ear surgery? Yes No

When? _____ By whom? _____ Results _____

Have you ever had your hearing tested? Yes No When? _____ By whom? _____

What were the findings? _____

Is there a history of diabetes in your family? Yes No

Do you have any type of food or airborne allergies? Yes No

If yes, what kind? _____

Are you allergic or sensitive to any medications? Yes No If yes, name _____

Current medications _____

Do we have permission to send a copy/summary of your test results to your physician? Yes No

I authorize King Hearing Center personnel to perform testing in accordance to State and Federal License guidelines.

Responsible Party Signature _____ **Date** _____

INSURANCE INFORMATION (if applicable)

Prior Authorization #: _____

Primary Insurance Provider _____ Phone ( ) _____

Address _____ City _____ State/Zip _____

Insured ID # _____ Group # _____

Secondary Insurance Provider _____ Phone ( ) _____

Address _____ City _____ State/Zip _____

Insured ID # _____ Group # _____

Patient's Sex: Femaie Male Relationship to insured: Self Spouse Child Other

HEARING DIFFICULTY QUESTIONNAIRE

Circle the number that best describes how you feel

Listening Situations	Hearing Quality (Poor - - - - - OK - - - - - Normal)					Importance To You (Not - - - Somewhat - - - Very)				
Quiet (one on one conversation)	1	2	3	4	5	1	2	3	4	5
Television	1	2	3	4	5	1	2	3	4	5
Leisure Activities	1	2	3	4	5	1	2	3	4	5
Restaurants	1	2	3	4	5	1	2	3	4	5
Church	1	2	3	4	5	1	2	3	4	5
Meetings / Groups	1	2	3	4	5	1	2	3	4	5
Work Place	1	2	3	4	5	1	2	3	4	5
Telephone	1	2	3	4	5	1	2	3	4	5
Car	1	2	3	4	5	1	2	3	4	5
Male Voice	1	2	3	4	5	1	2	3	4	5
Female Voice	1	2	3	4	5	1	2	3	4	5
Child's Voice	1	2	3	4	5	1	2	3	4	5