ACOUSTIC HEARING CENTER

Date: ____/____/_____

Name_____
Address_____ Apt #____
City _____ State _____
Zip Code._____
Email _____
Age _____ Birth Date _____/_____/_____
Home No. (_____)_____-_____
Cell Phone No. (_____)_____-_____
Social Security No._____
Ok to Contact by Email: Yes_____ No _____

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Employer _____
Position_____
Address _____
City _____State _____Zip_____
Work Phone No (_____)_____-_____
Method of payment _____
Emergency Contact Name_____
Relationship _____
Address _____
City_____State_____Zip_____
Phone No. (_____)_____-_____
Referred to us by _____

CASE HISTORY

Describe your hearing problem:
_____

Where do you have the most trouble hearing?
_____

Is there any deafness in your family?
Yes___ No___ Relationship_____

How long has it been since you have heard normally?_____

Do you know what causes your hearing trouble? _____

Do either of your ears discharge?
Left_____ Right_____ Both_____

Do you have excessive earwax?
No_____ Left_____ Right_____ Both_____

Do you have persistent head noises?
Yes _____ No ____ What type _____

Any pain in either ears? Right ___ left ___Both____

Are you disturbed by loud sounds in restaurants or public places? Yes _____ No_____

Where do you sit in church or at the movies?
Front ____ Middle_____ Back_____

Do you have one better ear that the other?
Left ____ Right_____ Same_____

Which ear do you use on the telephone?
Left ____ Right_____ Neither_____

Can you hear the ring of the telephone?
Yes ___ No____ Sometimes_____

Do you have trouble over the telephone?
Yes ____ No ____ Sometimes _____

Do you have a telephone amplifier?
Yes _____ No_____

Have you ever tried a hearing aid?
Yes ___ No ___ Left ___ Right _____

**I here by authorize the certified Audiology staff at the Acoustic Hearing Center to evaluate and manage the hearing condition regarding the course of the examination and therapy. I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES, UNLESS OTHER AGREMMENTS ARE MADE. I agree to the assignments and financial responsibilities shown above.

Patient, Parent or Guardian Signature _____ Date _____