



Patients Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Preferred Way for Us to Contact You:  Phone Call (H or C)  Text Message  Email

Occupation: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Significant Other

If Married, Name of Spouse/Significant Other: \_\_\_\_\_

Do you have health insurance?  Y  N If yes, list your provider: \_\_\_\_\_

Labor and Industries:  Y  N Claim #: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Do we have permission to release a copy of your evaluation to your Physician?  Yes  No

**Who can we thank for this referral?**

Mail  Phone  Newspaper  Physician  Web

Friend  Facebook & Twitter  Lions Club  Other \_\_\_\_\_

**\*\*Please Have Your ID and Insurance Card Ready\*\***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Confidential Patient Analysis

---

Please answer the following questions by *circling* either **YES** or **NO**.

Do you regularly ask others to repeat themselves? YES NO

Have you had exposure to noise in an industrial environment? YES NO

Do/have you partaken in noisy recreational activities (i.e. shooting)? YES NO

Do you ever have ringing in your ears? YES NO

Have you ever had surgery on either ear? YES NO

Are you diabetic or do you take insulin? YES NO

Do you have a smart phone (i.e. I-Phone, Android)? YES NO

If yes, what kind? \_\_\_\_\_

Please check the boxes that correspond with your ability to hear in the situations listed below.

Listening Situations	How well do you hear in this situation			N/A
	Poor	Fair	Good	N/A
Quiet Room (1 to 2 people)				
Television				
Restaurants/Social Gatherings				
Church				
Work				
Telephone Conversations				
Car				
Spouse/Family/Kids				

What is your experience with hearing aids?

- I have a hearing aid and use it regularly on the \_\_\_ right ear \_\_\_ left ear.
- I have a hearing aid, but don't use it, or use it only occasionally.
- I tried a hearing aid, but returned it for credit.
- I have inquired about hearing aids at another office(s), but did not purchase at that time.
- None of the above

1. How important is it for you to hear better?

*Not Very Important*                      1      2      3      4      5                      *Very Important*

2. How motivated are you to wear and use hearing aids?

*Not Very Motivated*                      1      2      3      4      5                      *Very Motivated*

3. What is your most important consideration regarding hearing aids? Rank the following factors with **1** as the most important and **4** as the least important.

\_\_\_ Hearing aid size and the ability of others not to see the hearing aid(s)

\_\_\_ Improved ability to hear and understand speech

\_\_\_ Improved ability to understand speech in noisy situations (e.i., restaurants, parties)

\_\_\_ Cost of hearing aid(s)

Whom are we able to communicate with about your protected healthcare information?

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Number: \_\_\_\_\_

Do you know anyone who could benefit from a complimentary hearing evaluation?

Name: \_\_\_\_\_ Number: \_\_\_\_\_

# Acknowledgement of Receipt of Notice of Privacy Practices

---

## ALL ABOUT HEARING

---

\*You May Refuse to Sign this Acknowledgment\*

- I have received a copy of this office's Notice of Privacy Practices.
- I have declined to keep my copy of the office's Notice of Privacy Practice for personal use.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

## For Office Use Only

---

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_

\_\_\_\_\_