

Audiology and Hearing Aid Center of Gainesville, PLLC

Your Hearing Matters

7340 Heritage Village Plaza, Suite 101, Gainesville, VA 21055

Information

Patient Name: _____

Preferred: _____

Date of Birth: _____ Age: _____

Address: _____

City _____, VA, Zip _____

Parent Name: (if applicable) _____

Phone: _____ Work: _____

Cell: _____

Email Address: _____

Referred by: _____

Doctor: _____

Emergency Contact: _____

In order to keep overhead costs to a minimum, co-pays and payments for services not covered by health insurance are expected at time of appointment. I understand that I am responsible for obtaining appropriate referrals required by my health insurance policy. I understand that I will be financially responsible for any portion of payment not covered by health insurance.

Signature of person responsible for payment

Hearing

Do you have any problems with hearing? yes / no

Please describe:

For how long? ___years ___months

Did the hearing loss come on gradually or was it sudden? _____

Have you ever had your hearing tested? yes / no

When was the testing and what were the results? _____

Ear infections: yes/no. How many in one year? _____

Have you ever been evaluated by an ENT/Otolaryngologist (ear doctor)? yes / no

Please explain: _____

Do you have ear pain? yes / no drainage: yes / no right/left/both

Have you ever had any ear surgery? yes / no

Tinnitus (ringing/noises in the ear)

Do you have any tinnitus? yes / no

How long have you had the tinnitus? _____

Would you rate your tinnitus as: not bad; somewhat noticeable; somewhat interferes; very noticeable; very bothersome; extremely annoying.

Dizziness

Do you have any dizziness? _____

For how long? _____

Have you previously sought treatment for dizziness? yes/no

Have you ever been exposed to loud noise? yes/ no

Have you ever tried a hearing aid? yes / no

Do you currently wear a hearing aid? yes / no

Overall health: _____

Do you have any allergies? yes/no _____

Please describe your most difficult listening situation?

Please feel free to add other information you feel would be important for this appointment. _____
