Peninsula Hearing Inc.
STAY CONNECTED

Poulsbo
19319 7th Ave NE, Suite 102
Poulsbo, WA 98370
360-697-3061

Port Townsend
1308 W. Sims Way
Port Townsend, WA 98368
360-379-5458

Patient Intake Form

Name | Date
Address | Status Married Single Divorced Other
City | State, Zip
Referred by | Physician DOB / /
Phone | Employed? Full-time Part-time Retired Student
Cell Phone | Email

Have you ever experienced:

Question	(Check one)		Explain any YES answers
Dizziness or lightheadedness?	**YES**	**NO**	
Pain or drainage in your ears?	**YES**	**NO**	
Ear, head or neck surgery?	**YES**	**NO**	
Ear Infections?	**YES**	**NO**	
Intolerance to loud sounds?	**YES**	**NO**	
Ringing in your ears?	**YES**	**NO**	
Hearing loss?	**YES**	**NO**	
Do your ears feel full or plugged?	**YES**	**NO**	

Please list any current medical issues:

Please list any current medications:

Hearing History

Have you had your hearing tested before? When? YES NO Date

What were the results?

Does anyone else in your family have a hearing loss? YES NO Who?

Do you currently wear, or have you ever worn, a hearing instrument? YES Left Right Both NO

If yes, what kind?

Have you ever been exposed to loud noise? If yes, explain? YES NO

Why have you chosen to obtain a hearing test now?

Insurance Information

We offer a complimentary verification of insurance benefits for hearing services in case you need to move forward with help for you hearing.

Primary Insurance: Employer:

Subscriber name: Subscriber date of birth:

Insurance ID number and Group number:

Secondary Insurance: Employer:

Subscriber name: Subscriber date of birth:

Insurance ID number and Group number:

Insurance verification and billing is done as a courtesy. The client is ultimately responsible for any balance not paid by the insurance company.