



# The Mendelson Group, LLC

## Patient Registration Form/ Case History

Today's Date: \_\_\_\_\_ ( ) Male ( ) Female

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_ House Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Marital Status ( ) Single ( ) Married ( ) Divorced ( ) Widowed ( )

Emergency Contact/Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Employment: Full-Time Part-Time Retired Unemployed Student

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

### Insurance Information

Primary Insurance: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

### Current Medications/Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Audiologic History

(To be completed by Audiologist or HAD)

#### Questions:

- H92.13/H92.12/H92.11 Any history of active drainage from the ear in previous 90 days?  
Yes No If Yes, Which Ear? Left Right
- R42 Any dizziness? Yes No
- H92.03/H92.02/H92.01 Any Pain or Discomfort in ear? Yes No
- H91.23/H91.22/H91.21 Any history of sudden or rapidly progressive hearing loss within the previous 90 days?  
Yes No If Yes, Which Ear? Left Right
- H93.012/H93.011 Unilateral (One-sided) hearing loss of sudden or recent onset within the previous 90 days?  
Yes No If Yes, Which Ear? Left Right
- If you experience hearing loss, which best describes it?  
Gradual Fluctuating Sudden

**\*\*\*If answer yes to any of the above questions, patient must be referred to a physician for follow-up, before a hearing aid fitting can occur\*\*\*\***

Have you ever had a hearing test Yes No

Have you ever worn or tried a hearing aid? Left Ear Right Ear Both

What type/style of hearing aid? \_\_\_\_\_

Was your experience positive or negative?

#### Observations:

Any visible congenital or traumatic deformity of the ear? Yes No

---

Any visible evidence of significant cerumen accumulation or a foreign body in ear canal?  
Yes No

---

Audiometric air-bone gap equal to or greater than 15 decibels at 500Hz, 1,000Hz, and 2000Hz?  
Yes No

---

**\*\*\*If you observe any of the above, patient must be referred to a physician for follow-up, before a hearing aid fitting can occur\*\*\*\***