



3375 Burns Road, Suite 106  
 Palm Beach Gardens, FL 33410  
 561-624-7525

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
*Please circle preferred number for contact*

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Email address \_\_\_\_\_

Please check: Permanent Resident \_\_\_\_\_ Seasonal Resident \_\_\_\_\_

**Seasonal Address if Applicable:**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Primary Care Physician: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**We have permission to contact your physician regarding your hearing health care:**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**We have permission to send you occasional correspondence** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Referred by or heard of us from:** \_\_\_\_\_

Have you ever had ear surgery? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sudden or rapid hearing loss in the last 90 days? \_\_\_\_\_ Yes \_\_\_\_\_ No

Acute or recurring dizziness? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you experiencing any ear pain? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever found it necessary to have wax removed? \_\_\_\_\_ Yes \_\_\_\_\_ No

In which ear is your hearing worse? \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Same

Have you noticed that people mumble? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you find that you have to ask people to repeat themselves? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you sometimes hear words but don't always understand them? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you find it difficult to hear in noisy places? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been told that you speak loudly? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do others complain that you set the TV too loud? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you avoid social events because of your hearing difficulty? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you find it difficult to understand speech when your back is to the speaker? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many years have you experienced hearing difficulty? \_\_\_\_\_

Do you currently wear hearing aid(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: Make/Model \_\_\_\_\_ How old? \_\_\_\_\_

Are you currently taking any bloodthinners? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any situations where it is most important for you to hear better; or hobbies or interests that your hearing loss has impacted, where hearing better would improve your enjoyment of:

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

How important is it for you to improve your hearing right now? Mark an "X" on the line.

Not Very Important ----- Very Important

How motivated are you to wear and use hearing devices? Mark an "X" on the line.

Not Very Important ----- Very Important

How well do you think hearing devices will improve your hearing? Mark an "X" on the line.

I expect them to:

Not be helpful at all ----- Greatly improve my hearing

What is your most important consideration regarding hearing devices? Rank order the following factors with 1 as the most important and 4 as the least important. Place an "X" on the line if the item has no importance to you at all.

- \_\_\_\_\_ Hearing device size and the ability of others not to see the hearing devices
- \_\_\_\_\_ Improved ability to hear and understand speech
- \_\_\_\_\_ Improved ability to understand speech in noisy situations (restaurants, parties)
- \_\_\_\_\_ Cost of the hearing devices

**MEDICAL WAIVER**

I have been advised by my hearing care professional that the Food and Drug Administration has determined that my best interest would be served if I had a medical evaluation by a licensed physician (preferably by a physician who specializes in diseases of the ear) before purchasing a hearing aid. The use of a hearing aid cannot restore hearing to normal. Improvement is based on duration and severity of impairment. Hearing aids cannot distinguish between speech and undesirable noise. I am at least 18 years of age.

Signature \_\_\_\_\_ Date \_\_\_\_\_