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PATIENT INFORMATION

Today's Date: _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Preference (Check One): Home Work Cell

E-mail: _____ **Occupation:** _____

Referred by: _____ **Primary Insurance ID#** _____

Primary Physician: _____

Address: _____ **Tel #:** _____

HEARING HEALTH HISTORY

- Have you ever had ear surgery? Yes No
 - Have you noticed a **sudden** change in your hearing? Yes No
 - Do you have any pain or discomfort in your ears? Yes No
 - Have you experienced any dizziness? Yes No
 - Do you experience ringing or buzzing? Yes No
 - Do your ears feel blocked or full? Yes No
 - Do you have a history of ear infections? Yes No
 - Are you sensitive to loud sounds? Yes No
 - Have/had any family members have difficulty with their hearing? Yes No
 - Have you had any accidents/head injuries? Yes No
- If *yes*, please describe:

Additional information or comments:

MEDICATIONS

List current medications including prescription, over-the-counter, and vitamins or supplements:
***If you have a list of your medications we will make a copy of it ***

Drug Name (Brand Name or Generic Name)	Dosage	Frequency (How Often)	Method (Oral Pill, Drops, Nasal Spray, Injection, etc.)

COMMUNICATION CHALLENGES

Which ear do you use on the phone? Left Right
Do you have trouble hearing on the phone? Yes No
Do you ask others to repeat? Yes No
Do you avoid social situations? Yes No
Do you hear but have trouble understanding words? Yes No
Do you play the television loudly? Yes No
Do you have trouble understanding in background noise? Yes No
Please list activities limited/stopped due to hearing difficulties:

HEARING AID INFORMATION

Do you wear a hearing aid? Yes No

Manufacturer: _____ Model: _____

Right Serial # _____ Left Serial # _____

I understand and agree that, (regardless of my Insurance status) I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information of this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes of the above information.

Signature: _____

Date: _____