Hear Well
Hearing Care Centre

Client Information Form

Date _____

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____

Family Physician: _____ Location: _____

Insurance: _____ Policy#: _____

History of Hearing Impairment

Have you received any medical or surgical treatment for your hearing loss? . . . . . ❒ Yes ❒ No

Physician who treated you: _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Medical History Information

Visible congenital or traumatic deformity of ear? . . . . . ❒ Yes ❒ No

History of or active drainage from the ear within the previous 90 days? . . . . . ❒ Yes ❒ No

History of sudden or rapidly progressive hearing loss within the previous 90 days? . . . . . ❒ Yes ❒ No

Acute or chronic dizziness? . . . . . ❒ Yes ❒ No

Unilateral hearing loss of sudden or recent onset within the previous 90 days? . . . . . ❒ Yes ❒ No

Audiometric air-bone gap equal to or greater than 15 decibels at 500, 1,000, 2,000 hertz (hz)? . . . ❒ Yes ❒ No

Visible evidence of bleeding, significant cerumen accumulation or a foreign body in the ear canal? . ❒ Yes ❒ No

Pain or discomfort in the ear? . . . . . ❒ Yes ❒ No

Will this be the first time you've ever had your hearing tested? . . . . . ❒ Yes ❒ No

If 'No', when? _____

If answer is YES to any of these questions, client must be referred to a physician or ear specialist prior to a hearing aid fitting.

Consultant Information

Consultant _____ License Number _____

Notes _____

_____

_____

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Help us to help you. . .

Please take a few minutes to fill out this survey. It will provide us with important information about your hearing needs. When scoring, consider the importance of each topic to your lifestyle.

1.	How important is hearing television better?	Least important 1	2	3	4	Most important 5
2.	How important is hearing on the telephone?	Least important 1	2	3	4	Most important 5
3.	How important is hearing in small groups at home?	Least important 1	2	3	4	Most important 5
4.	How often do you go to restaurants	Very rarely 1	2	3	4	Very often 5
5.	How often do you go to meetings?	Very rarely 1	2	3	4	Very often 5
6.	How important is hearing better in church?	Least important 1	2	3	4	Most important 5
7.	How important is hearing young children?	Least important 1	2	3	4	Most important 5
8.	If you were to wear hearing aids, how important is it to you that you wear ones that are as small as possible?	Least important 1	2	3	4	Most important 5
9.	If you were to wear hearing aids, how important is it to you that you wear ones that you do not have to adjust (no volume control)?	Least important 1	2	3	4	Most important 5
10.	How often does it sound as if people are mumbling?	Very rarely 1	2	3	4	Very often 5
11.	How often does your family complain about your hearing loss?	Very rarely 1	2	3	4	Very often 5
12.	Does your hearing loss frustrate you?	No 1		Sometimes 3		Yes 5
13.	Does your hearing loss frustrate your loved ones?	No 1		Sometimes 3		Yes 5
14.	How many out of the home social activities do you participate in weekly?	1	2	3	4	5 or more
15.	How long have you had trouble hearing?	Less than one year	1-3 years	3-5 years	6-10 years	10+ years

How did you hear about us? _____

Comments: