

Confidential Client Information

820 E. Matthews, Suite A • Jonesboro, AR 72401 **PHONE** (870) 268-1488 • **FAX** (870) 268-1613 www. Hearing Aids Jones boro.com

Whitney Jones, Audiology Technician

Allen Craig, Au.D., CCC-A 1 Patient Information

□Yes □No Sudden or rapid hearing loss in the past 90 days? □Yes □No Sudden or long-term dizziness? □Yes □No Hearing loss in one ear in the last 90 days? □No Hearing loss in one ear in the last 90 days? □Right □Left □ Same □No Who? □No Who? □No Who?	Name:	Date:
Home Phone:	Address:	DOB: Age:
Marital Status: Single	City:	State: Zip:
Primary Insurance: Insured Name: DOB:	Home Phone: Cell Phone:	Email:
Secondary Insurance:	Marital Status: □ Single □ Widowed □ I	Married Name of Spouse:
Ave you ever had ear surgery: Yes No No No No No No No N	Primary Insurance:	Insured Name: DOB:
Are you taking blood thinners?: Yes No No No No No No Yes No No Yes No No No Yes No No No No No No No N	Secondary Insurance:	Insured Name: DOB:
Have you seen a doctor specializing in diseases of the ear?: □ Yes □ No Please give doctor's name and date seen:	How did you hear about us? □Patient □Newspaper □D	irect Mail □Community Event □Physician Referral □Website
Have you seen a doctor specializing in diseases of the ear?:		
Please give doctor's name and date seen:	·	f the ear?·□ Yes □ No
Name of Primary Care or Referring Physician:	'	
Physician's telephone number:		
Have you ever had ear surgery: Yes No By whom: Have you ever had your hearing tested: Yes No By whom: N	, , , , , , , , , , , , , , , , , , , ,	
Have you ever had your hearing tested: Yes No By whom: Is there diabetes in your family?: Yes No How many prescription drugs do you take daily? Are you taking blood thinners?: Yes No Do you wear a pacemaker?: Yes No Yes No Yes No Yes No Have you seen a doctor for wax removal? Yes No Do you have any pain in your ears? Yes No Do you have any pain in your ears? Yes No Sudden or rapid hearing loss in the past 90 days? Yes No Sudden or long-term dizziness? Which is your poorer ear? Yes No Hearing loss in one ear in the last 90 days? No Hearing loss in one ear in the last 90 days? No Hearing loss in one ear in the last 90 days? No Who? In what environment does your hearing problem give you the most trouble?		
Is there diabetes in your family?: Yes No How many prescription drugs do you take daily? Are you taking blood thinners?: Yes No Do you wear a pacemaker?: Yes No No Do you wear a pacemaker?: Yes No No Do you have a deformity of the ear? Yes No Do you have any pain in your ears? Yes No Sudden or rapid hearing loss in the past 90 days? Yes No Sudden or long-term dizziness? Which is your poorer ear? Right Left Same Does anyone else in your family have a hearing problem? Yes No Who? In what environment does your hearing problem give you the most trouble?		
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3 About Your Hearing □Yes □No Do you have a deformity of the ear? □Yes □No Do you have any pain in your ears? □Yes □No Sudden or rapid hearing loss in the past 90 days? □Yes □No Sudden or long-term dizziness? □Yes □No Hearing loss in one ear in the last 90 days? □Yes □No Hearing loss in one ear in the last 90 days? □Right □Left □ Same □No Who? □No Who? □No Who? □No Who?	Is there diabetes in your family?: □ Yes □ No H	ow many prescription drugs do you take daily?
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In what environment does your hearing problem give you the most trouble?	_	days? □Right □Left □ Same
	Does anyone else in your family have a hearing p	roblem? □Yes □No Who?
4 Hearing Aid Experience	In what environment does your hearing problem	give you the most trouble?
	4 Hearing Aid Experience	

J 1		
I have a hearing aid and u □Right ear □Left ea		☐ I have inquired about hearing aids at another office(s), but did
I have a hearing aid, but o	don't use it, or use it only occasionally.	not purchase at that time.
I have tried a hearing aid,	but returned it.	☐ I have never used a hearing aid.

What motivated you to come in today? The state of 1-10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? (Please circle one) The state of 1-10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? (Please circle one) The state of 1-10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? (Please circle one) The state of 1-10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding about your hearing loss? (Please circle one) The state of 1-10, where do you feel financially, financially, etc.) regarding about you hearing problem. Please answer "yes, "no", or "sometimes" to each of the following items. Do not skip a question if you avoid a situation because of a hearing problem. If you wear a hearing aid(s), please answer the way you hear without the hearing aid(s), Yes	Put a "1" befo Now put a "2" Next, put a "3" Lastly, put a "4 (Remember to These are your	before the secon before the third before the leasuse a 1, 2, 3 and choices:	nd most impo most importa t important th d a 4.)	rtant thing to you ant thing to you w ning to you when p	purchasing a heari when purchasing a hen purchasing a h ourchasing a hearin Cost	hearing earing a g aid.	iid.	arance
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