Ashland ENT, Allergy & Hearing Aid Center

BETTER HEARING QUESTIONNAIRE

Name ____ **Date of Birth** ______________
(Last) (First) (Middle Initial) (M/D/Y)

Mailing Address____
(City) (ST) (Zip)

SSN:______________________ **Email Address:** __________________________

Occupation (past/present) ____________________________________ **Primary Doctor:** ______________________________

Insurance/Health Plan: **Please provide card at check-in.** **Emergency Contact:** _________________________________

How did you hear about us? AD ______ Yellow Pages ______ Ref by Physician _______Other___________________________

Telephone ______________________________ **Name of spouse or friend with you today?** ________________________

MEDICAL/AUDIOLOGIC HISTORY	**YES**	**NO**
▪ Will this be the first time you've had a hearing test?	☐	☐
If no, what year were you last tested ___________________		
▪ Have you ever had ear surgery?	☐	☐
If yes, when? _______ which ear? _________ procedure? ____		
▪ Do you have noises or ringing in your ears?	☐	☐
▪ Did you have chronic ear infections as a child or adult?	☐	☐
▪ Do you have a family history of hearing loss?	☐	☐
▪ Have you been exposed to a lot of noise in your life?	☐	☐
▪ Have you had any trauma to the head?	☐	☐
▪ Do your ear canals itch?	☐	☐
▪ Do you have sinus or allergy problems?	☐	☐
▪ In which ear do you hear better? circle: left right		
▪ What do you believe caused your hearing problem? ____		
▪ Do you wear hearing aids?	☐	☐
If yes, circle: left only right only both ears		
What year did you buy your hearing aids? _________________________________		
Approximately how many hours a day do you wear them? ___________________		
Do you have any problems with your hearing aids?	☐	☐
If yes, explain: ____		

- Why have you decided to have your hearing tested at this time?
  - ❐ Family/friends have suggested I have my hearing checked.
  - ❐ I feel my hearing is poor and may need to be aided.
  - ❐ Other reason/explain: ____

(Please complete backside of this form)

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Please return this form to the front desk.

MEDICAL HISTORY

Have you had or currently have any of the following:

High blood pressure	Heart disease	Stroke
Arthritis	Diabetes	Kidney disease
Cancer	Mumps	Measles
Meningitis	General anesthetic	

Please list any medications that you take: ____

MEDICAL WAIVER I have been advised by ________________________AuD 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 disease of the ear) before purchasing a hearing instrument. I do not wish a medical evaluation before purchasing an instrument. This test information shall be compiled for the purpose of making selections and adaptations of hearing instrumentation. I am at least 18 years old.

Signature ____ **Date** ____________________________________

HEARING DIFFICULTY QUESTIONNAIRE

Indicate your ability to hear (Hearing Quality) in the following listening situations and rate the importance of that listening situation to you. Circle the appropriate number in columns two and three.

LISTENING SITUATION	**HEARING QUALITY**					**IMPORTANCE TO YOU**		
	POOR				NORMAL	NOT	SOMEWHAT	VERY
QUIET (one on one conversation)	1	2	3	4	5	1	2	3
TELEVISION OR RADIO	1	2	3	4	5	1	2	3
RESTAURANTS	1	2	3	4	5	1	2	3
CHURCH	1	2	3	4	5	1	2	3
MEETING/GROUPS	1	2	3	4	5	1	2	3
WORK PLACE	1	2	3	4	5	1	2	3
TELEPHONE	1	2	3	4	5	1	2	3
CAR	1	2	3	4	5	1	2	3
MALE VOICE	1	2	3	4	5	1	2	3
FEMALE VOICE	1	2	3	4	5	1	2	3
CHILD'S VOICE	1	2	3	4	5	1	2	3
OTHER (please explain below)	1	2	3	4	5	1	2	3

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Following you will find a list of important factors to consider when purchasing a hearing instrument. Please rate them in order of importance from 1 to 6 by placing the number 1 next to the most important factor, the number 2 next to the second most important factor, and so on through number 6, which is the least important factor to you.

_____ Understanding speech better
_____ Inconspicuous Appearance
_____ Comfort
_____ Function in noisy environment
_____ Cost
_____ Service

There are payment plans available for your purchase. We accept cash, check, Visa, MasterCard, Discover and Care Credit.

Would you like to purchase your hearing instruments today (if appropriate)? ____________________