Sonora Hearing Care, LLC

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Doctor of Audiology

5625 E. Grant Road

Tucson AZ 85712

PLEASE FILL OUT BOTH SIDES CURRENT HEARING AID WEARER

SECTION I

Full Name: _____ Preferred Name: _____

Address: _____ City: _____ St.: _____ Zip: _____

Secondary Address: _____ City: _____ St.: _____ Zip: _____

Gender: M / F Date Of Birth: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

May we use your email address to contact you for updates and classes? Y / N

How Were You Referred: _____

Employment Status: _____ Occupation: _____

Marital Status: _____ Spouse Name: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Name of Primary Care Physician: _____

Have you seen a Physician in the last 6 months: Y / N Please explain: _____

_____

Would you like us to send your hearing evaluation to your Physician: Y / N

Do you use tobacco: Y / N

List any major health conditions you have: _____

_____

List any prescription medications you are taking: _____

_____

List any over the counter medications you are taking: _____

_____

CONTINUED ON BACK

SECTION II

Do You Presently Or In The Past Have Any Of The Following Conditions?
(Please Check Yes Or No)

Sudden hearing loss in one or both ears? Y / N
Dizziness or Balance Problems? Y / N
Pain in your ear(s)? Y / N
Tinnitus (Ringing in your ears)? Y / N
History of Noise Exposure? (i.e. Loud music, gunfire, construction, power tools) Y / N
Family History of Hearing Loss? Y / N
History of Ear Surgery? Y / N
How Old Are Your Current Hearing Aid(s)?_____
What is the Brand and Style of Your Current Hearing Aid(s)?_____

SECTION III

With Your Current Hearing Aid(s): (Circle the Best Answer)

1. How pleased are you with your current hearing aid(s)?
   Not Pleased Somewhat Pleased Very Pleased

2. How often are you wearing your current hearing aid(s)?
   Not At All Seldom Most of the Time All the Time

3. Are you able to use the phone with your hearing aid(s)?
   Yes Sometimes No

4. Are you able to participate in conversations better with your current hearing aid(s)?
   Yes Sometimes No

5. What is one thing that you are most pleased about with your current hearing aid(s)?

   _____

6. What is one thing you are not satisfied with your current hearing aid(s)?

   _____

What would you like to discuss with the audiologist today?_____

_____

SECTION IV

Please read the following statement:

I hereby acknowledge being shown the Notice of Patient's Privacy Practice of Sonora Hearing Care, LLC**. (See notice under forms).** I understand that I may request a copy of this notice if I choose.

Signature_____**DATE**_____