Confidential Patient Analysis Chart

Hear on the Shore
Bringing Sounds of the Shore back to Life

Patient_____ Date_____

Spouse_____ E-mail_____

Address_____ Phone_____

Veteran ☐ Yes ☐ No
Retired ☐ Yes ☐ No

City_____ State_____ Zip Code _____ Birthdate_____
Occupation _____ How did you hear about us?_____
(If retired, LAST occupation) _____

Hearing History

	Yes	No
Have you been examined by a doctor (any doctor) in the past 6 months?	☐	☐
Will this be your first hearing test?	☐	☐
Do you hear conversation loud enough but cannot understand the words?	☐	☐
Do you often ask others to repeat?	☐	☐
Do you find it difficult to understand conversation in noise?	☐	☐
Do you have difficulty hearing your loved ones?	☐	☐
Do family members mention you play the radio or TV too loudly?	☐	☐
How many years have you experienced hearing difficulty?	_____	
If hearing loss is discovered are you ready for help?	☐	☐
Do you have ringing in the ear (tinnitus)?	☐	☐

In what situations do you have the most difficulty understanding? _____

_____

Medical History

	Yes	No
Have you had ear surgery?	☐	☐
Deformity of the ear?	☐	☐
Any history of or active drainage from the ear within the previous 90 days?	☐	☐
Rapid hearing loss in the past 90 days?	☐	☐
Acute or recurring dizziness?	☐	☐
Has the hearing in one ear worsened in the past 90 days?	☐	☐
Are you experiencing ear pain?	☐	☐
Have you noticed any change in your ability to remember?	☐	☐

In which ear is your hearing worse? ☐ Left ☐ Right ☐ Same ☐ Not Sure

I wear or have worn hearing aids in my? ☐ Left ☐ Right ☐ Both ☐ Neither

Preferences

	Yes	No
I would like to be kept informed of new technology, procedures or specials that could improve the quality of my hearing?	☐	☐

I have a SMART phone. ☐ Apple ☐ Android ☐ None

If you have a SMART phone, which model _____

I am interested in Bluetooth Technology.	☐	☐
I want in the ear aids.	☐	☐
I want them as small as possible.	☐	☐
I am okay with receiving text messages in reference to appointments.	☐	☐

I have seen the HIPAA form and have completed this form to the best of my ability.

_____

Signature