

Confidential Patient Questionnaire

Patient: MR. MRS. MS.: _____ What do your friends call you: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Alternate Phone: _____

Birth Date: _____ Type of Insurance: _____

Spouse or Contact Person: _____ Phone Number: _____

Primary Physician: _____

Occupation: _____ If retired, what type of work did you do? _____

WILL THIS BE YOUR FIRST HEARING TEST? () YES () NO

Have you been examined by a doctor in the past six months?
() YES () NO

Have you ever had ear surgery? () YES () NO

Has the hearing in one ear rapidly decreased within the
previous 90 days? () YES () NO

Have you experienced acute or recurring dizziness? () YES () NO

In which ear is your hearing most impaired?
() Left () Right () Same

When did you first notice your hearing loss? _____ years ago

DID YOUR HEARING LOSS DEVELOP () Suddenly? () Gradually?

Do you know the cause of your hearing loss? () YES () NO

If yes, please explain: _____

Are you experiencing ear pain? () YES () NO

Do you have ringing in your ears? () YES () NO

DO YOU HEAR CONVERSATIONS LOUD ENOUGH BUT CANNOT
UNDERSTAND WORDS? () YES () NO

Do you often ask others to repeat? () YES () NO

SIGNATURE: _____ DATE: _____

DO YOU FIND IT DIFFICULT TO UNDERSTAND CONVERSATIONS
IN NOISE? () YES () NO

Do you have trouble hearing on the telephone? () YES () NO

Do you have difficulty hearing your spouse? () YES () NO

Do others mention you play the radio or TV too loud? () YES () NO

What comments have others made about your hearing? _____

In what situations do you have the most difficulty understanding?

IF HEARING LOSS IS DISCOVERED, ARE YOU READY FOR HELP?
() YES () NO

I wear a hearing aid in my () Left ear () Right ear () Both ears.

But I still experience the following problems:

- () Some sounds are too loud.
- () I have trouble understanding when two or more are talking.
- () Everything sounds tinny.
- () I can't tell from which direction sounds are coming.
- () The hearing aids whistles.
- () My voice sounds hollow and unnatural.
- () Wind noise bother me. () Telephone use is difficult for me.

Family Hearing Aid Center

ADVANCED HEARING SOLUTIONS

Fill this out completely and return to one of our offices below for evaluation
Honolulu 973-1551 • Maui 877-1518
Pearlridge 483-4131 • Hilo 935-2008
Windward 233-1100 • Kona 329-8300

