PINNACLE HEARING AID CENTER, LLC

PATIENT INTAKE FORM

Name: _____

Address: _____

City:_____ St:_____ Zip: _____

Phone: _____

Email: _____

Date of Birth: _____ Age: _____

Primary Care Physician: _____

Marital Status:

☐ Single ☐ Married ☐ Widowed

Employment Status:

☐ Part-Time ☐ Full-Time ☐Retired

Occupation (current/former)_____

Primary Insurance Company:

_____

Have you seen a physician specializing in diseases of the ear?

☐ No ☐ Yes/why_____

Have you ever been treated by a physician for your hearing or ear problems? ☐ No ☐ Yes/describe_____

_____

Have you ever had any type of ear surgery?

☐ No ☐ Yes/describe: _____

_____

Do you have any of the following:

☐ Vision Difficulty ☐ Ringing in the ears/head noises

☐ Pacemaker ☐ Use of Blood Thinner

Are you being treated for any of the following:

☐ High Blood Pressure ☐ Thyroid Problems

☐ Diabetes ☐ Arthritis ☐ Cancer

Please list Medications you are taking:

_____

Serious illnesses/major surgeries within last 10 years: _____

_____

How long have you had hearing difficulties?

☐ less than yr ☐ 1-2 yrs ☐ 2-5 yrs ☐ 5 yrs +

Have you ever had a hearing test?

☐ No ☐ Yes/when _____

Have you ever been exposed to loud noised recently or in the past? Please check all that apply: ☐ No

☐ Power Tools ☐ Machinery ☐ Hunting/Shooting ☐ Music

☐ Military ☐ Other: _____

Do you wear hearing instruments?

☐ No ☐ Yes/how often _____

Do you have any of the following symptoms:

☐ Deformity of the ear ☐ Drainage of the ear

☐ Rapid onset of hearing loss with past 90 days

☐ Acute/Chronic dizziness ☐ Ear pain

Have you noticed any changes in your ability to Remember? ☐ No ☐ Yes

In which ear are you experiencing hearing loss?

☐ Right ☐ Left ☐ Both ears

Is one worse than the other?

☐ No ☐ Yes: ☐ Right ☐ Left

Have you found it necessary to have a doctor to remove wax from your ears? ☐ No ☐ Yes/how often? _____

Thank you for choosing Pinnacle Hearing Aid Center. Please tell us how you heard about us?

☐ Friend ☐ Newspaper ☐ TV ☐ Radio ☐ Mail ☐ Internet/Social Media ☐ Yellow Pages ☐ Other_____

Office Use: _____

_____