THE CENTER FOR audiology

ADULT HISTORY FORM

(Please Print)

Today's Date:			
Patient's last name:	First:	Middle:	Marital status:
Preferred name:	Social Security #:		Birth date:
Sex: ☐ M ☐ F	Street address:	City:	State: Zip:
E-mail:		Occupation:	
Home Phone: ( )	Business Phone: ( )	Cellular Phone: ( )	
In case of emergency who should be notified?	Phone number: ( )	Relationship to patient:	
Primary Care Physician:			

Whom may we thank for referring you? ☐ Family ☐ Friend ☐ Newspaper ☐ Online
☐ Dr.____________________________ ☐ Other: ____

Insurance Information

(Please give your insurance card to the receptionist)

Primary Insurance company:	ID #	Group #
Secondary Insurance company:	ID	Group #

Audiologic History

Will this be the first time you've had a hearing test?	☐ Yes ☐ No	If no, when were you last tested? ______________________
Have you ever had ear surgery?	☐ Yes ☐ No	If yes, when? ______________________________________
Do you have ringing or noises in your ear(s)?	☐ Yes ☐ No	Do you have a family history of hearing loss? ☐ Yes ☐ No
Have you had any trauma to the head?	☐ Yes ☐ No	Have you been exposed to loud sounds? ☐ Yes ☐ No
Do you hear better in one ear than the other?	☐ Yes ☐ No	If yes please check: ☐ Right ☐ Left
Do you wear hearing aids?	☐ Yes ☐ No	If yes please check: ☐ Right ☐ Left
Do you have any problems with your hearing aids?	☐ Yes ☐ No	If yes, please explain: ________________________________
What year did you purchase your hearing aid(s)? _____________		Approx. how many hours a day do you wear them? _______

Have you had or currently have any of the following:

Arthritis	☐ Yes ☐ No	Measles	☐ Yes ☐ No	Kidney Disease	☐ Yes ☐ No
Cancer	☐ Yes ☐ No	Meningitis	☐ Yes ☐ No	High blood pressure	☐ Yes ☐ No
Ear infections	☐ Yes ☐ No	Mumps	☐ Yes ☐ No	Vertigo	☐ Yes ☐ No
Diabetes	☐ Yes ☐ No	Stroke	☐ Yes ☐ No	Heart disease	☐ Yes ☐ No

Please list any daily medications that you take: ____

Is there any other information you would like the audiologist to know?

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Where would you like today's report sent? ____
Note Medicare patients: It is mandatory for **The Center for Audiology to fax your results to your PCP*