Acoustic Audio
Hearing Center

Trent Harris, Owner

3 CONVENIENT LOCATIONS
Mishawaka • Goshen • Three Rivers
PHONE (574) 287-7221
www.Acoustic-Audio.com.

Confidential Client Information

1 Patient Information

Name: ______________________ Date: ______________

Address: ______________________ Date of Birth: ______________

City: ______________________ State: __________ Zip: ________

Home Phone: ____________ Cell Phone: ____________ Email: ______________

Marital Status: ☐ Single ☐ Widowed ☐ Married Name of Spouse: ______________

Gender: __________ Occupation/Former Occupation: ______________________

Primary Insurance: ______________________ Insured Name: ______________________

How did you hear about us? ☐Patient ☐Newspaper ☐Direct Mail ☐Community Event ☐Physician Referral ☐Website

Emergency Contact Name: ______________________ Phone: ______________

2 Medical History

Have you seen a doctor specializing in diseases of the ear (ENT): .... ☐ Yes ☐ No

Name of Primary Care or Referring Physician: ______________________________

Have you ever had ear surgery: ☐ Yes ☐ No By whom: ______________ When: __________

Have you had a hearing test: ☐ Yes ☐ No By whom: ______________ When: __________

3 About Your Hearing

Do you have a deformity of the ear?.. ☐ Yes ☐ No

Do you have any pain in your ears? .... ☐ Yes ☐ No

Sudden or rapid hearing loss in the past 90 days? .... ☐ Yes ☐ No

Sudden or long-term dizziness? .... ☐ Yes ☐ No

Hearing loss in one ear in the last 90 days? .... ☐ Yes ☐ No

Have you seen a doctor for wax removal? .... ☐ Yes ☐ No

Drainage from either ear in the past 90 days? .... ☐ Yes ☐ No

Is one ear worse than the other?... ☐ Right ☐ Left ☐ Same

Do you have ringing or other noises in your ear(s)? If so, which side?................ ☐ Right ☐ Left ☐ Both

Does anyone else in your family have a hearing problem? If Yes, who?______________________

4 Hearing Aid History

Is this your first time using a hearing aid. .... ☐ Yes ☐ No

Do you have a hearing aid and use it regularly. .... ☐ Yes ☐ No

Do you have a hearing aid but don't use it often... ☐ Yes ☐ No

Have you tried a hearing aid but then returned it.. ☐ Yes ☐ No

Have you inquired about hearing aids at another facility but did not purchase. . ☐ Yes ☐ No