Northwest Florida ENT

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PATIENT INFORMATION FORM

Name:_____❑ Male ❑ Female
(Last) (First) (Initial)
Birth date: _____/_____/_____ Age: _____
(Month) (Date) (Year)
❑ Married ❑ Single ❑ Widow(er) Name: _____Relationship:_ _____
Permanent Address:_____ City_____
State_____ Zip_ _____
Phone Number:_____Secondary Phone: _____ Email: _
_____
Seasonal Address:_ _____ City_____
State_____ Zip_ _____
Secondary Contact Information:
Name:_____ Relationship:_
_____
Address:_ _____ City_____
State_____ Zip_ _____
Phone Number:_ _____Secondary Phone:_ _____ Email: _
_____
Family Physician:_

Referral Source: q Doctor's Referral q Patient Referral q Friend/Family q Newspaper q Mail q TV
q Yellow pages q Walk-In q Other:_____

Communication Profile

1. Do you ever hear people speaking loud enough but cannot understand the words?. . . . . ❒ Yes ❒ No
2. Do you ever ask people to repeat?. . . . . ❒ Yes ❒ No
3. Do you ever find it difficult to understand conversation in background noise?. . . . . ❒ Yes ❒ No
4. Do you have trouble hearing on the telephone?. . . . . ❒ Yes ❒ No
5. Do others tell you that you speak too loudly? . . . . . ❒ Yes ❒ No
6. Do others complain that you turn the volume of the TV up too high?. . . . . ❒ Yes ❒ No
7. Do you ever piece together conversations, not hearing all the words? . . . . . ❒ Yes ❒ No
8. Do you ever answer questions wrong, because you misunderstood?. . . . ❒ Yes ❒ No
9. In what situations do you have the most difficulty understanding conversations?

_____
_
_____
_____

10. Do you ever hear ringing or buzzing in your ears? . . . . . q Yes q No
11. Have your ears been examined by a Doctor in the past 6 months?. . . . . q Yes q No
12. Have you ever had your hearing tested before?. . . q Yes q No When?_____
13. Have you ever had surgery on your ears?. . . . . q Yes q No
14. Is the hearing in both of your ears the same? . . . . . q Yes q No
15. Which ear has better hearing? . . . . . q Right q Left
16. If a hearing loss is discovered, are you ready for help? . . . q Yes q No
17. What do you think caused your hearing loss?_

_____

18. How did your hearing loss develop? . . . . . q Suddenly q Gradually
19. When did you first begin to notice your hearing loss? . . . . . _____Years
20. Do you currently wear hearing aids? q Yes q No If yes: What type?_____ q Left ear q Right Ear q Both
21. Describe any problems you have with your hearing aids?
_____
_
_____
_____

Word Lists
SRT / Spondee Words
Baseball Airplane Toothbrush Hotdog
Cowboy Rainbow Whitewash Birthday
Carwash Ice Cream Railroad Outside
W-22
an it deaf dad
yard she them up
carve high give bells
us there true wire
day earn isle ache
toe twins or
felt could law
stove what me
hunt bathe none
ran ace jam
knees you poor
not as him
mew wet skin
low chew east
owl see thing
California Consonant Test
back leave kit hip
bag leash lick hit
batch lean kiss hiss
bath league kid hitch
shin gave pin hick
sin game kin sick
thin gaze tin thick
chin gage thin chick
kick cuff bus leaf
pick cup but lease
tick cuss buck leash
thick cut buff leak
seen fake gate cheek
seed fate bait cheap
seal face date cheat
seat faith wait chief
bail till laugh rid
tale chill lass rib
sail pill lash ridge
dale kill lap rig

Audiological Recommendations & Notes:
Medical Waiver
I have been advised by _____ that the FOOD AND DRUG ADMINISTRATION has determined that my

best health interest would be served if I had a medical evaluation by a licensed physician (preferably a physician who specializes in
diseases of the ear) before purchasing a hearing aid. I do not wish a medical evaluation before purchasing a hearing aid.

_____ _ _____ _
_____ _ _____
Hearing Aid Dispenser Date Consumer's Signature Date

Note To Hearing Aid Dispenser/Audiologist: Federal regulation requires that you keep a copy of the waiver or Physician's statement in file for
three years. (State and local governments may impose other conditions for sale of hearing aids and retention of records).