



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's Name (if applicable) \_\_\_\_\_

So. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Insurance Company: \_\_\_\_\_

How did you hear about us? (circle) Newspaper Ad Family Friend Internet Other: \_\_\_\_\_

Do you believe that you have difficulty hearing? \_\_\_\_Yes \_\_\_\_No

If yes, what caused your hearing loss? \_\_\_\_\_

Do others perceive that you have difficulty hearing? \_\_\_\_Yes \_\_\_\_No If yes, whom? \_\_\_\_\_

How long have you noticed a problem? \_\_\_\_\_

Have you seen a specialist regarding your hearing? \_\_\_\_Yes \_\_\_\_No If Yes, When? \_\_\_\_\_

Have you had your hearing tested before? \_\_\_\_Yes \_\_\_\_No If yes, when? \_\_\_\_\_

Which ear do you use on the phone? \_\_\_\_Left \_\_\_\_Right

Do you now, or have you ever worn hearing aids? \_\_\_\_Yes \_\_\_\_No If yes, how long? \_\_\_\_\_

Circle: Right ear only Left ear only Both ears

Would you wear a hearing aid if it helps? \_\_\_\_Yes \_\_\_\_No

Is the size of the hearing aid(s) important to you? \_\_\_\_Yes \_\_\_\_No

Please check any of the following that you have:

- |   |  |
|---|--|
| <input type="checkbox"/> Pain/Discomfort in ears?               | <input type="checkbox"/> Sudden hearing loss? (last 30 days) |
| <input type="checkbox"/> History of hearing loss in the family? | <input type="checkbox"/> Dizziness?                          |
| <input type="checkbox"/> History of excessive noise exposure?   | <input type="checkbox"/> Balance problems?                   |
| <input type="checkbox"/> Medical/Surgical history of ears?      | <input type="checkbox"/> Ringing in your ears?               |
|   | <input type="checkbox"/> Drainage from the ear(s)?           |

HIPAA Privacy Protection Notice: Information regarding your health care or status of account will not be released unless your written authorization has been obtained. Echo Hearing Systems reserves the right to release account balance and billing information to a lawyer or credit bureau should your account become delinquent.

Signature: \_\_\_\_\_ Date \_\_\_\_\_