Integral
AUDIOLOGY
Better living starts *hear*.

NEW PATIENT INTAKE

PERSONAL INFORMATION

Full Name _____

Preferred Name _____

Date of Birth _____ / _____ / _____ **Gender** ☐ Man ☐ Woman ☐ Other

Address _____

Phone Number _____ **E-Mail** _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other: _____

Employment Status ☐ Employed ☐ Not Employed ☐ Retired ☐ Other: _____

Primary Care Physician (PCP) _____

PCP Phone Number _____ **PCP Address:** _____

Referring Physician (if different than PCP) _____

EMERGENCY CONTACT DETAILS

Contact Name _____ **Relationship** _____

Phone Number _____

INSURANCE

Primary Insurance _____

Policyholder Name _____

Policyholder Date of Birth _____ **Relationship to Patient** _____

Member ID Number _____ **Group Number** _____

****Please bring your insurance card with you to your appointment.**

HEARING HEALTH HISTORY

Have you ever had a hearing test? ☐ YES ☐ NO

If YES, when was your most recent hearing test? _____

Do you have a known hearing loss? ☐ YES ☐ NO

If YES, which ear(s)? ☐ RIGHT ☐ LEFT ☐ BOTH

When did you first notice a decline in hearing? _____

If you experience hearing loss, which best describes it? ☐ Gradual ☐ Sudden ☐ Fluctuating

Have you ever worn hearing aids? ☐ RIGHT EAR ☐ LEFT EAR ☐ BOTH EARS ☐ I HAVE NEVER WORN HEARING AIDS

If you currently wear hearing aids, how satisfied are you with your current device(s) on a scale of 1-5? (1 - Not at all satisfied; 5 - Very satisfied) _____

Do you experience pain or pressure in your ears? ☐ RIGHT ☐ LEFT ☐ BOTH ☐ NO PAIN / PRESSURE

Have you ever had surgery on your ears? ☐ RIGHT ☐ LEFT ☐ BOTH ☐ NO SURGERIES

Do you experience dizziness or balance issues? ☐ YES ☐ NO

Do you experience tinnitus (ringing in the ears)? ☐ RIGHT ☐ LEFT ☐ BOTH ☐ NO TINNITUS

TINNITUS (skip this section if you do not experience tinnitus / ringing in the ears)

When did you first notice your tinnitus? _____

Which ear(s) do you hear your tinnitus? ☐ RIGHT ☐ LEFT ☐ BOTH

Is your tinnitus constant or does it come and go? ☐ constant ☐ comes and goes

Which best describes what your tinnitus sounds like?

- ☐ Ringing
- ☐ Buzzing
- ☐ Water Rushing
- ☐ Crickets
- ☐ Other: _____

On a scale of 1-5, how bothersome is your tinnitus (1 being not bothersome at all, 5 being VERY bothersome)? _____

MEDICAL HISTORY

Do you have any allergies? _____

Have you experienced any of the following medical conditions? Select all that apply.

- ☐ **Aids / HIV**
- ☐ **Arthritis**
- ☐ **Blood Disorder**
- ☐ **Cancer** _____
- ☐ **Dementia / Alzheimer's**
- ☐ **Diabetes (Type 1)**
- ☐ **Diabetes (Type 2)**
- ☐ **Hepatitis**
- ☐ **High Blood Pressure**
- ☐ **High Fever**
- ☐ **Measles**
- ☐ **Meningitis**
- ☐ **Mumps**
- ☐ **Multiple Sclerosis**
- ☐ **Pacemaker**
- ☐ **Parkinson's Disease**
- ☐ **Scarlet Fever**
- ☐ **Seizures**
- ☐ **Stroke**
- ☐ **Tuberculosis**
- ☐ **Vascular Problems**
- ☐ **Vision Problems**

Please list any significant illnesses, injuries, surgeries, or hospitalizations:

_____

Do you currently use tobacco products? ☐ YES ☐ NO

****Please bring a current list of medications to your appointment.****