Patient Information Form

Chart # _____ Date _____

Patient Name _____ DOB ____/____/____
First MI Last mm dd yyyy

Patient's SSN _____ Sex ○ M ○ F Age _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

E-Mail Address _____

Mailing Address _____
Street City State ZIP

Employer _____ Occupation _____
(If retired, prior occupation)

Employer Address _____

Marital Status ○ Married ○ Single ○ Widowed ○ Divorced ○ Long-Term Commitment

Spouse Name _____ DOB ____/____/____
mm dd yyyy

Emergency Contact _____ Relation to Patient _____ Phone # _____

Primary Care Physician _____ Phone # _____

For Office Use Only

Ins Co _____ HT _____ HA's every _____ yrs Benefit $ _____ per ear Next elig _____

Date	Method of Disclosure	Description of PHI	PHI sent to	Sent by

DX: _____ **Battery Size** _____

R/L Make Model Disp Date

1 _____

2 _____

3 _____

4 _____

Loaner Aid: _____ Loaner Settings: _____

Expire Dates:	Right	Left
Warranty		
L&D		
Maint. Plan		

Dehumidifier: Y/N Unit _____ Date _____

Pt Notes: _____

_____

_____

How did you hear about us?

O Mail O Newspaper ad O Promotional call O Radio O Insurance

O Yellow pages O Sponsored event O Health/senior fair O Website O Employer

O Referred by Friend _____

O Referred by Physician _____

O Other _____

Reason for Appointment _____

_____

Insurance Information

Please give your insurance information to our front office staff so we can make a copy for our records.

Primary Insurance: _____ Employer/Plan Name: _____

Secondary Insurance: _____ Employer/Plan Name: _____

Please read carefully and sign below.

I give permission to my AudigyCertified™ practice to release information, verbal and written (contained in my medical record and other related information), to my insurance company, rehab nurse, case manager, attorney, employer, related healthcare providers, assignees and/or beneficiaries, and all other related persons. Information without patient identifiers may be used for quality purposes.

_____ Initial to refuse permission to release records.

Please list any additional person(s) that you allow PHM to release information to in regard to your care.

Name _____ Relation _____

Name _____ Relation _____

- I acknowledge that I have received and reviewed the Health Insurance Portability & Accountability Act (HIPAA) policy of this office.
- I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for professional services or purchases rendered.
- I have read all the information on this sheet, completed the above answers, and certify this information is true and correct to the best of my knowledge, and I hereby give my AudigyCertified practice permission to treat my concerns.

I have read and understand all the above information.

_____

Patient Signature (A copy of this signature is as valid as the original) Date

_____

Signature of Parent or Guardian Date

Medical Case History Form

Name: _____ **Date:** _____

There are several genetic, medical, and lifestyle factors that increase the risk of developing hearing loss and tinnitus. This hearing loss, when left untreated, can also lead to a host of other comorbid medical conditions. Please complete this form in it's entirety and review with your hearing healthcare provider.

1. Direct Risk Factors Hearing Loss and Tinnitus:

Age: The primary risk factor for hearing loss & tinnitus is your age. Indicate which age category you are in

- Between the age of 60-70 y/o. (-50% of people have disabling hearing loss)
- Between the age of 70-80 y/o. (-66% of people have disabling hearing loss)
- Over the age of 80 y/o. (+80% of people have disabling hearing loss)
  *Hearing Loss that results from age can begin in a person's 40's and 50's

Genetics: Our genetics increase our predisposition to developing hearing loss and tinnitus. Please describe your family history of hearing loss and tinnitus:

_____

Noise Exposure: Exposure to noise is detrimental to the ear and impacts our ability to process words. Check the situations below that you have been exposed to loud noises:

- Work
- Concerts
- Weddings
- Lawn Mowers
- Sporting Events
- Motorized Vehicles
- Power Tools
- Fireworks
- Movie Theatres
- Restaurants
- Phones/Headphones
- Fire Alarms

Medications: Pharmaceuticals can affect the ear and result in hearing loss and tinnitus please check the medications you have been exposed to:

- Cancer Treatment (i.e. Chemotherapy)
- Aminoglycoside Antibiotics (i.e.Azythromyocin/ 'Z-Pac', Streptomycin, and medication that ends with 'mycin')
- Fluorquinolones (i.e. Ciproflaxin/'Cipro')
- Long-term use of Asprin, Naproxen (Aleve), Ibuprofen (Advil) and Acetaminophen (Tylenol)

2. **Indirect Risk Factors e.g. Other Medical Conditions That Can Increase the Risk of Hearing Loss and Tinnitus**

Many common health conditions significantly increase the risk of hearing loss and tinnitus. Please check all of the medical conditions you are currently managing/concerned about as they significantly increase your risk of hearing loss and tinnitus

- Cardiovascular Disease (i.e. hypertension, arrhythmia and / or Hx of stroke, heart valve complications or heart Attack
- Diabetes or Pre-Diabetes
- Kidney Disease (i.e Chronic Kidney Disease, Kidney Infections, Kidney Stones, Cysts or Cancer
- Autoimmune Disease (i.e. Rheumatoid Arthritis, Lupus)
- Thyroid Disease (i.e. Hyper- or Hypothyroidism, Cancer, etc.)
- History of Smoking
- Head Trauma (i.e. Hx of concussions or unconsciousness)

Medical Case History Form Cont.

3. Comorbid Medical Conditions

Damage to the ear that causes hearing loss and tinnitus can have a significant impact on a person's social, emotional, physical and cognitive health. Please check all of the comorbid conditions that you are dealing with:

Difficulty Hearing (please check all that apply)

- ○ Missing parts of what other people are saying to you (i.e. you sometimes miss the beginning or the end of a conversation)
- ○ Difficulty following a conversation in background noise
- ○ My family/ friends tell me I have a problem hearing/listening
- ○ I often need the TV louder than others
- ○ People around me tend to mumble a lot
- ○ Difficulty hearing on the phone
- ○ Difficulty hearing at church/large gatherings.

How long have you been experiencing these difficulties with hearing ____ Past 90 Days ____ 1-3 Years ____ 4-7 Years _____+10 Years

Sound Sensitivity (Hyperacusis, aka sensitivity to loud sounds, is a common symptom of hearing loss)

- Have you experienced discomfort to loud sounds? **Yes or No**

Tinnitus (Phantom sounds in the ears and/or head occur in over 90% of people living with hearing loss)

- I have been experiencing tinnitus for_____ **Months / Years**
- My tinnitus is present in: **Both Ears** or **One Ear** (if so, which ear_____)
- My tinnitus is**: Constant / Only Noticeable in Quiet/ Intermittent** (comes and goes) **/ Pulsates**
- On a scale of 1-10 (1 = 'What tinnitus?', 10 = 'MAKE IT STOP!') I would rate the annoyance of my tinnitus as a _____

Cognitive Decline (Untreated hearing loss and tinnitus can increase the risk of dementia by 200-500%)

- Are you concerned about memory loss or developing dementia? **Yes or No**
- Do you have a family history of cognitive decline or dementia? **Yes or No**

Mental Health Concerns (Untreated hearing loss and tinnitus increase the rates of depression, isolation and loneliness)

- Do you have feelings of sadness or depression? **Yes or No**
- Are you feeling 'on edge' or stressed lately? **Yes or No**
- Are you feeling lonely? **Yes or No**
- Do you find yourself isolating from others (i.e. saying 'no' to invitations from others?) **Yes or No**

Falls (Untreated hearing loss and tinnitus can significantly increase your risk of a traumatic fall)

- Have you fallen in the past 12 months? **Yes or No**
- Are you concerned about falling? **Yes or No**

NAME: _____ DOB: _____ DATE: _____

HEARING HANDICAP INVENTORY FOR ADULTS

Instructions:
1. Answer Yes, No, or Sometimes for each question
2. Do not skip a question if you avoid a situation because of a hearing problem.
3. If you use a hearing aid, please answer according to the way you hear with the aid.

Date Completed: _____

	YES	SOMETIMES	NO
1(s): Does a hearing problem cause you to use the phone less often than you would like?	☐	☐	☐
2(e): Does a hearing problem cause you to feel embarrassed when meeting new people?	☐	☐	☐
3(s): Does a hearing problem cause you to avoid groups of people?	☐	☐	☐
4(e): Does a hearing problem make you irritable?	☐	☐	☐
5(e): Does a hearing problem cause you to feel frustrated when talking to members of your family?	☐	☐	☐
6(s): Does a hearing problem cause you difficulty when attending a party?	☐	☐	☐
7(s): Does a hearing problem cause you difficulty hearing/understanding co--worker, clients or customers?	☐	☐	☐
8(e): Do you feel handicapped by a hearing problem?	☐	☐	☐
9(s): Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?	☐	☐	☐
10(e): Does a hearing problem cause you to feel frustrated when talking to co-workers, clients or customers?	☐	☐	☐
11(s): Does a hearing problem cause you difficulty in the movies or theater?	☐	☐	☐
12(e): Does a hearing problem cause you to be nervous?	☐	☐	☐
13(s): Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?	☐	☐	☐
14(e): Does a hearing problem cause you to have arguments with family members?	☐	☐	☐

	YES	SOMETIMES	NO
15(s): Does a hearing problem cause you difficulty when listening to TV or radio?	☐	☐	☐
16(s): Does a hearing problem cause you to go shopping less than you would like?	☐	☐	☐
17(e): Does any problem or difficulty with your hearing upset you at all?	☐	☐	☐
18(e): Does a hearing problem cause you to want to be by yourself?	☐	☐	☐
19(e): Does a hearing problem cause you to talk to family members less often than you would like.	☐	☐	☐
20(e): Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	☐	☐	☐
21(s): Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	☐	☐	☐
22(e): Does a hearing problem cause you to feel depressed?	☐	☐	☐
23(s): Does a hearing problem cause you to listen to TV or radio less often than you would like?	☐	☐	☐
24(e): Does a hearing problem cause you to feel uncomfortable when talking to friends?	☐	☐	☐
25(e): Does a hearing problem cause you to feel left out when you are with a group of people?	☐	☐	☐
TOTALS:	_____	_____	_____
	x4 _____	+ x2 _____	= _____

Scoring: 0 - 16: No Handicap 17 - 42: Mild to Moderate Handicap 43+: Significant handicap