LONGHORN HEARING PLLC

HISTORY & NEEDS ASSESSMENT

Name: _____ Phone: _____ Date: _____

Address: _____ Date of Birth: _____ Age: _____

City: _____ State: _____ Zip: _____ Email: _____

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

Employer: _____ Occupation: _____ Soc. Sec. #: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Medical Insurance: _____ Hearing Aid Insurance Benefit? ☐ No ☐ Yes

How Did You Hear About Us?

☐ Patient Referral ☐ Physician Referral ☐ Nursing Home ☐ Website / Online ☐ Direct Mail ☐ Newspaper ☐ Other

Name of primary care physician or referring physician: _____

Have you ever seen an ear, nose and throat specialist? ☐ No ☐ Yes When?: _____

Have you ever had your hearing tested? ☐ No ☐ Yes If yes, were you told you had hearing loss?: _____

Have you ever had or do you currently have hearing aids? ☐ No ☐ Yes

If you currently wear hearing aids, how old are they?: _____ Brand/Style: _____

Have you ever had or do you currently have any of the following:

☐ Ear Drainage ☐ Ear Infections ☐ Ear Pain ☐ Ear Surgery ☐ Deformity of the Ears ☐ Sudden Hearing Loss

☐ Tinnitus/Ringing in the Ears ☐ Noise Exposure ☐ Hole in the Eardrum ☐ PE Tubes in the Ears ☐ Dizziness/Vertigo

☐ History of Falling ☐ History of Depression ☐ Chemotherapy/Radiation Therapy ☐ Diabetes ☐ Hemophilia

☐ Hepatitis ☐ HIV/AIDS ☐ Tobacco Use ☐ Family Members with Hearing Loss—Relation to you: _____

Ever seen a doctor for wax removal? ☐ No ☐ Yes

How many prescription drugs do you take daily? _____ List all meds: _____

_____

Do you take blood thinners? ☐ No ☐ Yes What kind?: _____

Do you currently have a pacemaker? ☐ No ☐ Yes Which side? ☐ Left ☐ Right

On a scale of 1–10, 1 being the best and 10 being the worst, how would you rate your overall hearing ability? (please circle one)

Best 1 2 3 4 5 6 7 8 9 10 **Worst**

Which ear is your better ear for hearing? ☐ Left ☐ Right Describe the situations where hearing is the most difficult for you: _____

_____

_____

What is your primary reason for today's visit?: _____

_____

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