Austin Auditory
SPECIALISTS

Adult Audiology Intake Form

Identifying Information

Name: _____

Address: _____

Date of Birth: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

☐ I wish to receive emails related to practice information.

Referred by: _____

Emergency Contact Name: _____ Phone: _____

Please list your primary insurance, including the ID and group number:

_____

Please list your secondary insurance, including the ID and group number:

_____

Primary Care Physician Name: _____ Phone: _____

HIPAA Release

In signing this form, I acknowledge that I have received a copy of the Notice of Privacy Practices for Austin Auditory Specialists.

Signature: _____ Date: _____

Medical History

Do you have difficulty hearing? ☐ L ☐ R ☐ Both
Which ear do you hear better with? ☐ L ☐ R ☐ Same
When was the onset of your hearing loss? _____

Has your hearing loss become progressively worse? ☐ Yes ☐ No

Have you had any medical problems with your ears? ☐ Yes ☐ No
If yes, please explain: _____

Do you ever have dizziness? ☐ Yes ☐ No

If yes, since: _____
Description: _____
Constantly? ☐ Yes ☐ No Occasionally? ☐ Yes ☐ No

Do you experience ringing or buzzing in your ears or your head?

- ☐ Yes, Constantly
- ☐ Yes, Sometimes
- ☐ Rarely
- ☐ Never

What best describes the sound?

How bothersome is this to you?

Do you currently wear hearing aids? ☐ Yes ☐ No

If yes:

How old are they? _____ years

How long have you worn hearing aids? _____ years

Do you feel like they work well? ☐ Yes ☐ No

Please explain anything else that you think might help us better understand.

Communication History

1. Do you have difficulty understanding speech in quiet?	☐ Yes	☐ No
2. Do you have difficulty understanding speech in noise?	☐ Yes	☐ No
3. Do you have difficulty understanding speech on the phone?	☐ Yes	☐ No
4. Do family members think that you have trouble hearing?	☐ Yes	☐ No
5. Do you have difficulty hearing and understanding the TV?	☐ Yes	☐ No
6. Does a hearing problem cause you to feel frustrated when talking to members of your family?	☐ Yes	☐ No
7. Does a hearing problem make you feel embarrassed when you meet new people?	☐ Yes	☐ No
8. Do you feel that difficulty with your hearing limits or hampers your personal or social life?	☐ Yes	☐ No