



# Hearing Evaluation Profile

## Patient Information

Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Occupation \_\_\_\_\_  
 How did you hear about us? (Please check one)  Word of Mouth  Physician Mailing  Yellow Pages  
 Newspaper  Mailing  Other

## Medical Information

Have you been examined by a doctor in the past six months?  Yes  No Doctor's Name \_\_\_\_\_  
 Will this be your first hearing test?  Yes  No  
 Have you had ear surgery?  Yes  No Type \_\_\_\_\_

### Do you have any of the following?

Deformity of the ear?  Yes  No  
 Sudden or rapid hearing loss in the past 90 days?  Yes  No  
 Pain or discomfort in the ear?  Yes  No  
 Acute or recurring dizziness?  Yes  No  
 Ringing in the ears?  Yes  No  
 Previous ear infections?  Yes  No  
 Active drainage from the ear?  Yes  No

Have you ever found it necessary to have a doctor remove wax from your ears?  Yes  No  
 In which ear is your hearing the worst?  Left  Right  
 Are you taking any prescription medicine?  Yes  No Type \_\_\_\_\_  
 Do you have any medical problems?  Yes  No Type \_\_\_\_\_

## Hearing Instruments

Do you have a hearing instrument?  Yes  No  
 Type of hearing instruments? (please check one)  BTE (behind the ear)  OTE (on the ear)  
 ITC (in the canal)  CIC (completely in the canal)  
 Brand \_\_\_\_\_ How old?  1-2 yrs  3-4 yrs  5+ yrs

## Medical Waiver

I have been advised by Golden State Hearing Aid Center and their licensed Hearing Aid Dispenser that the Food and Drug Administration has determined that my best interest would be served if I had a medical evaluation by a licensed physician (preferably by a physician who specializes in diseases of the ear) before purchasing a hearing instrument. I do wish to have a medical evaluation before purchasing an instrument. This test information shall be compiled for the purpose of making selections and adaptations of the hearing instrumentation. I am at least 18 years old.

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

[WWW.GSHAC.NET](http://WWW.GSHAC.NET)

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