GOLDEN STATE
Hearing Aid Center

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 _____