

The Woodlands Hearing Center
150 Pine Forest Dr 603 Shenandoah, TX 77384
Phone 936-271-3366 Fax 936-271-3383

PLEASE TAKE THESE COMPLETED FORMS, DRIVERS LICENSE AND INSURANCE CARDS TO THE FRONT
DESK. PATIENT INFORMATION

Last Name _____ First Name _____

Sex: M _____ F _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Telephone _____

Alternate Telephone _____

Email
Address _____

Emergency Contact _____

Phone _____

Whom may we thank for this referral? Please check all that apply: Family/Friend _____ Lakeshore ENT
_____ Phonebook _____ Close to home/work _____ Newspaper _____ Website _____ Other _____ BILLING
AND INSURANCE INFORMATION Person responsible for bill (not insurance company)
_____ Birthdate _____ Address if different from above

Do you have insurance that covers hearing aids? YES NO If yes, Name of Insurance

Subscriber's Name: _____ Subscriber's Birthdate: _____ Policy
Number: _____

Relationship to Patient: Self _____ Spouse _____ Dependent _____ Are you covered by a
secondary insurance? YES NO If yes, Name of Insurance

_____ MEDICAL
HISTORY (circle all that apply) Diabetes High Blood Pressure Cancer/Skin Cancer HIV/AIDS Hepatitis
Allergies Stroke Kidney Disease Vision Problems Hand Dexterity

To reach your goals, it is important that we understand your communication needs, your personal preferences, and your expectations. By having a better understanding of your needs, we can use our expertise to recommend the hearing aids that are most appropriate for you. By working together, we will find the best solution for you.

Hearing History

Have you ever worn a hearing aid before? YES, NO Right ___ Left ___ Both ___

If yes, were you satisfied with your hearing aids? YES NO

If no, why not?

Have you ever had surgery on your ears? YES, NO Right ___ Left ___ Both ___

Do you have earaches, infections, or drainage? YES, NO Right ___ Left ___ Both ___

Do you have difficulty with balance or dizziness? YES NO

Have you been exposed to loud noises? YES NO

Please complete the following questions. Be as honest as possible, be as precise as possible. Thank you.

1. Please list the top three situations where you would most like to hear better. Be as specific as possible.

1. _____

2. _____

3. _____

2. How important is it for you to hear better? Mark an X on the line.

Not very important 1 2 3 4 5 Very Important

3. How motivated are you to wear and use hearing aids? Mark an X on the line.

Not very motivated 1 2 3 4 5 Very motivated

4. Do you think one or two hearing aids are best for you? Mark an X on the line

One hearing aid Two hearing aids _____

5. How well do you think hearing aids will improve your hearing? Mark an X on the line.

I expect them to:

Not helpful at all 1 2 3 4 5 Very helpful

6. What is your most consideration regarding hearing aids? Rank order the following factors with 1 as the most important and 4 as the least important. Place an X on the line if the item has no importance to you at all?

_____ Hearing aid size and the ability of others not to see the hearing aids

_____ Improved ability to hear and understand speech in a quiet situation

_____ Cost of the hearing aids

_____ Improved ability to understand speech in noise (e.g. restaurants)

Thank you for taking your time to complete this form!