



The Woodlands Hearing Center

150 Pine Forest Dr #104 Shenandoah TX 77384

Phone 936-271-3366 Fax 936-271-3383

Please take this completed form, 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 Main _____ Home Cell Work _____

Alternate Phone _____ Home Cell Work _____

Email Address _____ @ _____

Emergency Contact _____ Phone number _____

Please circle the the following that applies to your emergency contact: Spouse Family Friend Other

Primary Care Physician Name _____ Phone Number _____

Name of medical group _____

Whom may we thank for this referral? Please check all that apply: Family/Friend _____, Phonebook _____,

Newspaper _____, Website _____, Referring Physician's name _____

Cognitive Impairment is a growing concern, The Woodlands Hearing Center has made the decision to go beyond evaluating hearing in the traditional sense. Starting immediately, you will see a new FDA approved screening report called Cognivue.

Recent Literature indicates that individuals with untreated hearing loss have a 55% greater risk of developing dementia when compared to those with normal hearing.

Hearing loss is the #1 modifiable risk factor to dementia and early intervention yields the best outcome. Would you like to take the screening for no additional cost?

_____ Yes, I'd like to take the test

_____ No, I'd like to opt out

We believe that communication is the most important piece to helping us understand your wants and needs, helping us to assist you in meeting your hearing goals and supporting you along the way. Please briefly tell us what brought you to our office today?

Please circle the following that apply:

Have you ever been to an Audiologist or a licensed Hearing Instrument Specialist (HIS) before? YES or NO

If you answered YES, please check the appropriate statements that apply to you.

- I have visited with an Audiologist to gather information regarding my hearing difficulties, but I have not tried or purchased.
- I have tried hearing aids but returned the instruments.
- I have a hearing aid or hearing aids, but only wear them occasionally or not at all.
- I have a hearing aid or hearing aids and wear them regularly.

My last audiogram (hearing test) was within;

- the last 30 days
- the last 6 months within the last year or two
- It's been so long I can't remember when or if I had a test done!

Please rank the following in terms of what you feel is important in a hearing aid. (1 through 4, with 1 being the most important):

___Overall sound quality ___Reliability ___Style/Appearance ___Cost

How motivated are you regarding doing something about your hearing loss?
(Please circle one)

Not Really Motivated Somewhat Motivated Motivated Very Motivated