NuEAR™
People Helping People

Patient Information

Date _____ Phone _____
Legal Name _____ Age _____ Date of Birth _____
Preferred Name _____ Family Physician _____
Spouse's Name _____ Current or Previous Occupation _____
Address _____
City _____
State _____ Zip _____
Email _____

How did you hear about us?
❑ Word of Mouth ❑ Physician ❑ Mailing
❑ Newspaper ❑ Yellow Pages
❑ Other _____

Confidential Patient Information

Medical History

Have you been examined by a doctor in the past six (6) months?	❑ Yes	❑ No
Doctor's Name _____		
Will this be your first hearing evaluation?	❑ 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?	❑ Both ❑ Left	❑ Right
Are you taking any prescription medication?	❑ Yes	❑ No
Type _____		
Do you have any medical problems?	❑ Yes	❑ No
Type _____		
Is there a unilateral hearing loss of sudden or recent onset within the previous 90 days?	❑ Yes	❑ No
Audiometric air-bone gap equal to or greater than 15dB at 500 Hz, 1000 Hz and 2000 Hz?	❑ Yes	❑ No

Hearing History
Subjective Agreement

Have you noticed that people seem to mumble?	❑ Yes	❑ No
Do you sometimes hear words but do not always understand them?	❑ Yes	❑ No
Do you find it difficult to hear in noisy places?	❑ Yes	❑ No
Have you been told that you speak loudly?	❑ Yes	❑ No
Do others complain that you play the TV too loudly?	❑ Yes	❑ No

Hearing Instrument User

Have you been told on occasion that you missed the ringing of the telephone?	❑ Yes	❑ No
If a hearing loss is discovered, are you ready for help?	❑ Yes	❑ No
Do you have or have you ever worn a hearing instrument?	❑ Yes	❑ No

Type of hearing instruments?

❑ **IIC** ❑ **CIC** ❑ **ITC** ❑ **ITE** ❑ **HS** ❑ **RIC** ❑ **BTE**

Brand _____ How old? ❑ **1-2 yrs.** ❑ **3-4yrs.** ❑ **5+yrs.**