sound hearing Care

Simpsonville | Greer | Travelers Rest | Powdersville

Welcome to Sound Hearing Care, we want to provide you excellent hearing healthcare.
Please tell us a little about yourself by completing as much as possible on both sides of this form.

How did you hear about us? _____

PERSONAL INFORMATION

PATIENT'S NAME_____
FIRST MIDDLE LAST NICKNAME

MAILING ADDRESS_____
STREET # STREET NAME

_____
CITY STATE ZIP

TELEPHONE (HOME) _____ (WORK)_____

MOBILE PHONE_____ DATE OF BIRTH _____ AGE_____

MALE_____ FEMALE_____ MARITAL STATUS _____

FULL NAME AND PHONE NUMBER OF PRIMARY CARE PHYSICIAN _____

NAME & PHONE # OF EMERGENCY CONTACT_____

EMAIL ADDRESS: _____ May we contact you via email or text? YES_____ NO ____

DISCLAIMER:
As a professional courtesy we will offer you reimbursement codes for filing insurance
We DO NOT accept or file insurance

MEDICAL HEARING/HISTORY

Do you have pain/discomfort in your ear? NO___ Right ___Left ___Both ____
Do you have you any drainage in your ear? NO___ Right ___Left ___Both ____
Do you have a history of ear infections? NO___ Right ___Left ___Both ____
Do have ringing or other noises in your ear? NO___ Right ___Left ___Both ____ Constant OR intermittent?
Have you ever had ear surgery? NO___ Right ___Left ___Both ____
Please describe_____
Do you have dizziness or vertigo? Yes_____ No _____
Do you think you have a hearing loss? Yes_____ No_____
Have you had your hearing tested before? Yes_____ No_____ When_____ Results_____
Is there a family history of hearing loss? Yes_____ No_____ If yes, who: _____
Have you had noise exposure? Yes_____ No_____
If yes, from work/military/hobbies, etc., please specify _____
Do you currently use a hearing aid? Yes_____ No_____
If yes, How long? _____ What type? _____ Satisfied with instrument? Yes____ No____

Have you seen your physician regarding any of the above? _____

Please describe other medical conditions we should be aware of: _____

PLEASE REVIEW & INITIAL

LISTENING SITUATIONS	How well do you hear in this situation?			How often are you in this situation?		
	POOR	FAIR	WELL	OFTEN	SOMETIMES	RARELY
Television						
Music						
Restaurant						
Church						
Meeting/Lecture						
Work Place						
Telephone Conversation						
Car						
Large Social Gathering						
Quiet Conversation (1-2persons)						

PLEASE REVIEW & INITIAL

In order to keep your medical file up to date, we will be happy to provide your physician with a copy of our audiological findings. ***Please initial ONE*** ➡

Send a copy to my physician _____ (initial)

DO NOT send a copy to my physician _____ (initial)

NOTES / MISCELLANEOUS **(additional information that may be pertinent)**