Ascent HEARING CENTER

3 CONVENIENT LOCATIONS
Valparaiso • Lowell • Crown Point
PHONE (219) 462-6866
www.HelpMeHear.net.

Trent Harris, Owner

Confidential Client Information

1 Patient Information

Name: ______________________________ Date: ______________

Address: ______________________________ DOB: __________ Age: ______

City: ______________________________ State: __________ Zip: ______

Home Phone: ____________ Cell Phone: ____________ Email: ________________

Marital Status: ☐ Single ☐ Widowed ☐ Married Name of Spouse: ______________

Gender: ____________ Occupation: ______________________________

Primary Insurance: ______________ Insured Name: ______________ DOB: ______

How did you hear about us? ☐Patient ☐Newspaper ☐Direct Mail ☐Community Event ☐Physician Referral ☐Website

Emergency Contact Name: ______________________ Phone: ______________

2 Medical History

Have you seen a doctor specializing in diseases of the ear?: ☐ Yes ☐ No

Name of Primary Care or Referring Physician: ______________________________

Have you ever had ear surgery: ☐ Yes ☐ No By whom: ______________

Have you ever had your hearing tested: ☐ Yes ☐ No By whom: ______________

Is there diabetes in your family?: ☐ Yes ☐ No

Are you taking blood thinners?: ☐ Yes ☐ No Do you wear a pacemaker?: ☐ Yes ☐ No

Do you take prescription drugs daily, if so please list: ______________________________

3 About Your Hearing

Do you have a deformity of the ear? ☐Yes ☐No

Do you have any pain in your ears? ☐Yes ☐No

Sudden or rapid hearing loss in the past 90 days? ☐Yes ☐No

Sudden or long-term dizziness? ☐Yes ☐No

Hearing loss in one ear in the last 90 days? ☐Yes ☐No

Have you seen a doctor for wax removal? ☐Yes ☐No

Drainage from either ear in the past 90 days? ☐Yes ☐No

Which is your poorer ear? ☐Right ☐Left ☐ Same

Do you have ringing or other noises in your ear(s)? If so, which side? ☐Right ☐Left ☐ Both

Does anyone else in your family have a hearing problem? If Yes, who? ______________________

In what environment does your hearing problem give you the most trouble? ______________