

NYCE HEARING CENTER, P.C.

Adult Case History

Pt File # _____

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City, Zip Code: _____

Phone: _____ E-mail: _____

Reason(s) you are here today _____

Who referred you to us? _____

Physician: _____

Address: _____

Phone: _____

Hearing Health History:

- Hearing fine, no difficulties
- Able to hear, but not clearly
- Others say I don't hear
- I have problems hearing the television
- I have difficulties on the telephone
- I have problems in groups/noisy listening situations
- I have difficulties hearing in church and/or large venues

Do you wear a hearing aid now? yes right left no

How is it functioning? _____

Do you hear better out of one ear? yes (right or left) no

How long has this been occurring? _____

Have you ever had a hearing test? yes no

What was the outcome? _____

Do you have sounds in your ears (tinnitus) which others don't hear? yes no

If yes, describe the sounds _____

Is it constant or occasional.

Is the ringing in the right ear, left ear or both ears?

On a scale of 1 (barely noticeable) to 10 (causes extreme problems), how would you describe the severity of the tinnitus? 1 2 3 4 5 6 7 8 9 10

Do you have a history of ear infections? yes no

If yes, last ear infection? _____

Usual treatment? _____

Do you have any problems with cerumen (wax)? yes no

If yes, how often do you have your ears cleaned by a professional? _____

Have you ever had ear surgery? yes no

What type of ear surgery? _____

Is there a family history of hearing loss? yes no

If yes, who? _____

If known, why? _____

Noise History

What loud sound have you been exposed to?

Firearms

Factory/Construction Noise

Power Tools

Music/Bands

Farm equipment

Heavy equipment

Motorcycles/Recreational vehicles

Are you still exposed to this type of noise? yes no

1. I authorize Nyce Hearing Center to submit charges for any medical procedures completed or products given in their office to my insurance company. I understand that I may be responsible for any portion not covered by my insurance including co-pays and deductibles.

Signature _____ **Date** _____

2. I have read and understand Nyce Hearing Center's privacy policies (located on the back of the clipboard)***

Signature _____ **Date** _____

3. Nyce Hearing Center is authorized to send me information in the future about new products and/or procedures designed to help my hearing.

Signature _____ **Date** _____

***If you would like a copy of Nyce Hearing Center's privacy policies that are located on the back of your clipboard, please ask the receptionist and she will be happy to provide you with that information.