American Hearing Centers Inc. 2604 W. Prospect Rd Ashtabula, Oh. 44004 440 992-0060 Today's Date\_\_\_\_ 1920 Mentor Ave. Emerald Plaza, Painesville Oh. 44077 440 350-7025 Toll Free 1-877-335-3216 Legal Name Phone ( -) Preferred Name Age Date of Birth Patient Spouse's Name Information Family Physician Occupation Address State Zip e-mail How did you hear about us? Word of Mouth Physician Mailing **Confidential Patient Information** News Paper Yellow Pages Other Have you been examined by a physician in the past 6 months. YES\_\_\_\_\_ Doctors Name Location .... 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 \_\_\_\_ Medical History Pain or discomfort in the ear . . . . . . . . . . . Yes No\_\_\_\_\_ Acute or recurring dizziness . . . . . . . . . . Yes No Active drainage from either ear . . . . . . Yes No\_\_\_\_\_ No\_\_\_ Previous ear infections . . . . . . . . . . . Yes No Have you ever had to have excessive wax removed from your ears . . . Yes\_\_\_\_ No\_ In which ear is your hearing the worst . . . . . . . . . . . . Both Right Left Hearing History Hearing Aid User

American Hearing Centers an Audiology Dispensing Practice Do you have or ever worn a hearing aid. Yes No

Type of Instrument IIC CIC ITC ITE RIC BTE

Brand or Manufacturer

How old are they? ... 1-2 years 3-4 years 5+ years

Signature/POA