Hearing Associates of Las Vegas

2580 Anthem Village Dr Ste B-05
Henderson, NV 89052
P (702)-761-3831 F (702)-947-7187
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www.HearingAssociatesLV.com

BETTER HEARING QUESTIONNAIRE

Our concern is your hearing and to better help you, we ask that you fill out this questionnaire to describe in what ways your hearing affects you. This information is kept confidential and is made a part of your permanent file. Thank you for placing your trust in us for all your hearing needs.

Name _____ **Date of Birth:** ____/____/_____
Last First Middle Initial

Mailing Address _____
Street City State Zip

Home Phone # _____ **Cell Phone #** _____ **Preferred Home** ☐ **Cell** ☐

Social Security # _____ **Primary Care Physician:** _____

Email Address: _____ **Occupation:** _____

Sex: Male ☐ Female ☐ **Marital Status:** Single ☐ Married ☐ Widowed ☐ Divorced ☐

Insurance Plan: _____ **Policy #** _____

How did you hear about us? _____ **Name of person attending appointment with you:** _____

Reason for your visit today: _____

MEDICAL/AUDIOLOGIC HISTORY

	YES	NO
▪ Will this be the first time you've had a hearing test? If no, what year were you last tested _____	☐	☐
▪ Have you ever had ear surgery? If yes, when? _____ Which ear? _____ What was the procedure? _____	☐	☐
▪ Do you have noises or ringing in your ears? (Tinnitus) If yes, for how long? _____	☐	☐
▪ Do you have a family history of hearing loss?	☐	☐
▪ Have you ever been exposed to loud noises in your life?	☐	☐
▪ Do you hear better in one ear over the other? If yes, which ear? _____	☐	☐
▪ What do you believe caused your hearing problem? _____		
▪ Do you wear hearing aids? If yes, which ear? Right ☐ Left ☐ Both ☐ What year did you buy your hearing aids? _____	☐	☐
Do you have any problems with your hearing aids? If yes, please explain the problem: _____	☐	☐

▪ Why have you decided to have your hearing tested at this time?
- ☐ I feel my hearing is poor and may need to be treated.
- ☐ Family/friends have suggested I have my hearing checked.
- ☐ Other reason/please explain: _____

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MEDICAL HISTORY

Have you had or do you currently have any of the following:

☐ High blood pressure	☐ Heart disease	☐ Stroke
☐ Arthritis	☐ Diabetes	☐ Kidney disease
☐ Cancer	☐ Mumps	☐ Measles
☐ General anesthetic	☐ Meningitis	☐ Other diagnosis

Please explain: _____

Please list any medications that you take (or attach a list to your paperwork):

_____

_____

HEARING HEALTH QUESTIONNAIRE

The onset of hearing loss is usually very gradual. It may take place over 25-30 years, or it may happen more rapidly if you are exposed to loud noises at work or through hobbies. Since it usually occurs slowly, you may not even be aware you have a problem until someone else brings it to your attention. Please answer the following questions:

	YES	NO
1. Do others complain that you watch television with the volume too high?	☐	☐
2. Do you frequently have to ask others to repeat themselves?	☐	☐
3. Do you have difficulty understanding when in groups or noisy situations?	☐	☐
4. Do you have to sit up front in meetings or in services in order to understand?	☐	☐
5. Do you have trouble following the conversation when two or more people are talking at the same time?	☐	☐
6. Do you have difficulty understanding the speech of women or children?	☐	☐
7. Do you feel that speech sounds are often muffled or mumbled?	☐	☐
8. Does it often feel like people talk too fast?	☐	☐
9. Do you have difficulty understanding someone when they talk to you from another room?	☐	☐
10. Have others told you that you don't seem to hear them well?	☐	☐
11. Do you have trouble knowing where sounds are coming from?	☐	☐
12. Do you avoid family or social situations because it is a struggle to understand the conversation?	☐	☐

MEDICAL WAIVER:

I have been advised by Hearing Associates of Las Vegas, LLC that the Food and Drug Administration has determined that my best interest would be served if I had a medical exam by a licensed physician (i.e. ENT) before purchasing hearing aids. I do not want a medical exam by an ENT and I am at least 18 years of age.

Patient Signature: _____ Date: _____/_____/_____

Thank you for helping us help you hear better!