



Adult Registration Form

Please print clearly

Today's Date: ___ / ___ / ___

PATIENT INFORMATION:

First Name: _____ MI: _____ Last Name: _____

Preferred Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ___ / ___ / ___ Gender: M / F E-mail: _____

Phone: _____ (Home/work/cell) Please check the best number to reach you
_____ (Home/work/cell)

Employment Status: Full time Part time Retired Not employed

Spouse's Name (if married): _____

Emergency Contact: _____ Relationship: _____

REFERRAL INFORMATION:

Referring doctor: _____

Signature for release of information (to the above mentioned provider): _____

PAYMENT INFORMATION: Patient is responsible for payment at time of service.

Insurance information must be filled out for Medicaid, Medicare and Tricare patients.

Do you have Medicaid: Y N If yes, Medicaid #: _____

Do you have Medicare: Y N If yes, Medicare #: _____

Primary Insurance: _____ ID#: _____

Sponsor: _____ DOB: _____ Relationship: _____

Secondary Insurance: _____ ID#: _____

Sponsor: _____ DOB: _____ Relationship: _____

TRICARE ONLY

*Sponsor name: _____ SS#: _____ DOB: _____

Address (if different than above): _____



Adult History Form

Patient Name: _____

Have you had a hearing test before? Yes No

If yes, when and where? _____

Have you been previously diagnosed with hearing loss? Yes No

If yes, indicate which ear: Right Left Both

Have you noticed a change in your hearing in the past year? Yes No

If yes, was it gradual or sudden? _____

Do you hear better out of one ear or the other? Yes No

If yes, please indicate ear: Right Left

Do you experience problems involving dizziness? Yes No

Do you experience 'ringing' in your ears? Yes No

If yes, indicate ear: Right Left

Is it constant, frequent occasional or seldom? _____

Is it high pitch, low pitch or variable? _____

Does anything seem to make it better or worse? Please explain: _____

Please describe the sound you hear (ex. Buzzing, cracking, hissing, beeping, roaring, humming, etc):

Do you have any pressure or fullness in your ears? Yes No

If yes, please indicate ear: Right Left Both

Do you have pain in your ears? Yes No

If yes, please indicate ear" Right Left Both

Have you been evaluated by an ear specialist (ENT)? Yes No

If yes, who did you see and when? _____

Do you have a history of ear infections? Yes No

Do you have any problems with frequent colds, allergies or sinuses? Yes No

Have you had any ear surgeries? Yes No

If yes, please explain: _____

List any medications you are taking: _____

Have you experienced any head injuries in the past five years? Yes No

If yes, please explain: _____

Do you have any history of noise exposure? (circle all that apply)

Hunting	Target Shooting	Law Enforcement	Machinery
Military	Fireworks	Woodworking	Music
None	Other: _____		

Have you been diagnosed with any pre-existing conditions? (circle all that apply)

Cancer	Diabetes	Stroke	Meniere's Disease
Parkinson's	Otosclerosis	Heart Disease	Multiple Sclerosis
Kidney Failure	High Blood Pressure		
None	Other: _____		

Have you ever worn hearing aids? Yes No

Do you currently wear hearing aids? Yes No

If yes: Make _____ Model: _____

Year Purchased: _____ Hearing aid purchased from: _____

Are you considering purchasing hearing aids? Yes No

Please list any other important information you feel we should know: _____

Signature: _____ Date: _____

(Please note: All information is completely confidential and available only for release with authorization from patient)



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(You may refuse this acknowledgement)

I have had an opportunity to review or have received a copy of Northern Hearing Services, Inc.'s "Notice of Privacy Practices" documents.

Please print patient name

Signature of patient, parent of guardian Date

OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign acknowledgement
- Communication barrier prohibited obtained the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (specify below)
