



45 San Clemente Drive, Suite D140  
Corte Madera, CA 94925  
Phone: 415-927-1567  
FAX: 415-329-1924

## PATIENT HISTORY & INTAKE FORM

Patient (please print):

Birthdate:

Date:

1. Reason for today's visit:

2. Referred by:

3. Primary care physician:

4. Primary care physician phone number & address:

5. Have you had any of the following conditions? If YES, briefly explain.

Kidney Disease

Diabetes

Cancer

Hypertension

Visual Problems

Sinus Problems

Additional Comments:



11. Has your hearing become worse since you first noticed the problem?

Yes

No

12. Do you hear better in one ear than the other?

Yes, right ear is better

Yes, left ear is better

No

13. Does your hearing REMAIN CONSTANT or FLUCTUATE?

Remains Constant

Fluctuates

14. Have you experienced any recent or current ear pain?

Yes, both ears

Yes, left ear only

Yes, right ear only

No

15. Do your ears feel plugged?

Yes, both ears

Yes, left ear only

Yes, right ear only

No

16. Are you experienced any ringing, buzzing, or other noises in your ears?

Yes, both ears or "in head"

Yes, left ear only

Yes, right ear only

No

Additional Comments:

17. Have you experienced any dizziness/vertigo? If YES, briefly explain and note if current or past.

Yes

No

Additional Comments:

18. Have you ever been exposed to loud noise (work, recreation, military service)?  
If YES, briefly explain.

Yes

No

Additional Comments:

19. Do you use tobacco?

Yes

No

20. Has anyone in your family experienced hearing loss? If YES, who and at what age?

Yes

No

Additional Comments:

21. In which situations do you have difficulty hearing?

22. On a scale from 1 to 10, 1 being the worst and 10 being the best, how would you rate your overall hearing ability?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

23. Have you had your hearing tested before? If YES, briefly explain (where/when).

Yes

No

Additional Comments:

24. Have you ever worn hearing instruments? If YES, briefly explain.

Yes, currently

Yes, in the past

No

Additional Comments:

25. Please provide your mailing address:

26. Home Phone #:

27. Work Phone #:

28. Cell Phone #:

29. Email:

30. Employment:

Employed

Retired

Other:

31. Marital Status:

Single

Married

Other

32. Signature: