



# Rancho Santa Fe Audiology

Thank you for choosing our practice for your audiology and hearing instrument needs. Please complete this form. If you have any questions or concerns, do not hesitate to ask for assistance. We will be happy to help.

**Serious Hearing. Extraordinary Care. | RSFAudiology.com**

## Patient Information (please print)

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
*First Middle Initial Last*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Work or Alternate (\_\_\_\_\_) \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

(Please circle one) Married Widowed Single Minor Separated Divorced

Send test results to my primary care physician?  Yes  No

Employer / School \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse or parent's name \_\_\_\_\_ Employer \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Referring Source: Physician Internet Friend Relative Other \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

*\*\*\* If you have medical insurance which you would like our office to file for you as a courtesy, please give your card (including any physician referral) to the receptionist \*\*\**

**I HEREBY CONSENT TO AUDIOLOGY SERVICES AND / OR HEARING AID DEVICE(S) DISPENSED TO ME WHICH I HAVE ELECTED MYSELF OR FOR THE MINOR NAMED ABOVE FOR WHOM I AM LEGALLY RESPONSIBLE. I UNDERSTAND PAYMENT IS DUE AT THE TIME OF SERVICE AND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES, WHETHER OR NOT COVERED BY MY INSURANCE COMPANY.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE RESPONSIBLE PARTY:** \_\_\_\_\_  
(if other than self)

### FOR OFFICE USE ONLY

DISPENSING SPECIALIST:		Battery Club: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Manufacturer (R)		Manufacturer (L)	
Aid Model (R)		Aid Model (L)	
Serial Number (R)		Serial Number (L)	
Color (R)		Color (L)	
Aid Type (R)		Aid Type (L)	
Battery Size (R)		Battery Size (L)	
Fitting Date (R)		Fitting Date (L)	
L&D Warranty (R)		L&D Warranty (L)	
Repair Warranty (R)		Repair Warranty (L)	
Other:		Serial:	
Dome Size (R)		Dome Size (L)	

**Patient Name** (First, Last) \_\_\_\_\_

## Health History

What concerns you most? (pls. circle)    Hearing Loss    Dizziness    Ringing    Other (specify) \_\_\_\_\_

1. If you think you have a hearing problem, please answer the following. If not, go to number 2.

a. Do you have a problem in the following situations (pls. check)

\_\_\_\_\_ While listening to another person at a distance of 6 feet

\_\_\_\_\_ In groups and noise places

\_\_\_\_\_ While using telephone    \_\_\_\_\_ Left ear    \_\_\_\_\_ Right ear

\_\_\_\_\_ At home    \_\_\_\_\_ At work

\_\_\_\_\_ In social / recreational situations

b. From which ear do you hear better?    \_\_\_\_\_ Left ear    \_\_\_\_\_ Right ear

c. What do you think caused your hearing loss? \_\_\_\_\_

d. Did your hearing loss come on:    \_\_\_\_\_ Suddenly    \_\_\_\_\_ Gradually

e. When did you first notice the loss? \_\_\_\_\_

f. Has it gotten worse over time?    Yes    No

g. Does it fluctuate from time to time?    Yes    No

h. Does anyone in your family have a hearing problem?    Yes    No

Who? \_\_\_\_\_

2. Have you ever had ear surgery?    Yes    No

3. Do you presently have "tubes" in your ears?    Yes    No    Don't know

4. Do you take any medicines regularly?    Yes    No

5. Are you bothered by noises in your ears/head?    Yes    No    \_\_\_\_\_ Left    \_\_\_\_\_ Right    \_\_\_\_\_ Both

6. Are you ever dizzy?    Yes    No    If yes, describe \_\_\_\_\_

7. Have you ever been exposed to loud noises for any length of time?    Yes, how long? \_\_\_\_\_    No

8. Have you ever used a hearing aid in the past?    Yes    No

9. If you are using a hearing aid now, please answer the following:

a. Which ear is aided?    \_\_\_\_\_ Left ear    \_\_\_\_\_ Right ear

b. How long have you used an aid? \_\_\_\_\_

c. How long have you had your present aid? \_\_\_\_\_

d. Who have you seen for your hearing? \_\_\_\_\_

10. What do you want to learn from your visit today? \_\_\_\_\_

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## HIPAA Acknowledgement

I am in receipt and do hereby acknowledge the **HIPAA Patient Privacy Notification** provided to me by Rancho Santa Fe Audiology. \_\_\_\_\_ (patient initial)