Bisel Hearing Aid Center
HELPING HOUSTON HEAR BETTER

CONFIDENTIAL
CLIENT INFORMATION

PERSONAL INFORMATION

Please complete the following form pertaining to your hearing:

NAME _____ PHONE _____

ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

PRESENT _____ or PREVIOUS _____ OCCUPATION: _____

INSURANCE CARRIER _____

NEAREST RELATIVE NAME AND ADDRESS: _____

MARITAL STATUS: ○ Single ○ Widowed ○ Married Name of Spouse _____

MEDICAL HISTORY

Family Physician's Name: _____

Medicare ○ Yes ○ No Insurance Carrier: _____

Have you seen a doctor in the past six months? ○ Yes ○ No Dr. _____ Why? _____

If yes, have you seen a doctor specializing in diseases of the ear? ○ Yes ○ No

If yes, give name and date: _____

Have you ever had your hearing tested? ○ Yes ○ No

If yes, give date _____ By whom: _____

Have you ever had any type of ear surgery? ○ Yes ○ No

If yes, type of surgery: _____ Dr. _____

Permission to release a copy and test information to physician ○ Yes ○ No

If yes, Physician's Address: _____

ABOUT YOUR EARS

Do you have any of these symptoms?

Deformity of the ear? ○ Yes ○ No

Drainage from either ear? ○ Yes ○ No

Sudden or rapid loss of hearing in the past 90 days ○ Yes ○ No

Sudden or long-term dizziness ○ Yes ○ No

Hearing loss in one ear in the last 90 days ○ Yes ○ No

Which is your poorer ear? ○ Right ○ Left ○ Same

Have you ever seen a doctor for wax removal? ○ Yes ○ No

Do you ever have pain in your ears? ○ Yes ○ No

ABOUT YOUR HEARING

Do you experience difficulty with the following?

Understanding all the words in conversation clearly? ○ Yes ○ No

Hearing in a- crowd or in other situations where background noise is present? ○ Yes ○ No

Hearing by telephone ○ Yes ○ No How long have you had a hearing problem? _____

Does anyone else in your family have a hearing problem? ○ Yes ○ No What relationship? _____

Do you now or have you ever worn a hearing aid? ○ Yes ○ No If yes, brand name _____

Would you accept help for your hearing problem? ○ Yes ○ No

In what circumstances does your hearing problem give you the most trouble? _____

How did you hear about us? ○ Relative/Friend ○ Newspaper ○ Mail ○ Doctor ○ Yellow Pages ○ Website/Internet

Signature _____ Date _____