Ears4U
HEARING SERVICES

Phone: (615) 327-8102
Fax: (615) 327-3324
www.ears4u.net

Ears 4 U Hearing Services
411 E. Iris Drive, Suite A
Nashville, TN 37204

Personal History - Confidential Information

PATIENT INFORMATION - PLEASE PRINT Chart# _____ **Date** _____

Patient Name: _____ **DOB:** ____/____/____
First MI Last M D Y

If patient is under the age of 18, responsible party must complete remainder of this section.

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Sex M F

E-Mail _____

Mailing Address _____
Street City State Zip

Age _____ Occupation _____
(If retired, prior occupation)

Marital Status _____ Spouse Name _____

Emergency Contact _____ Phone # _____

Relation to Patient _____

Primary Care Physician _____ Phone # _____

How did you hear about us (choose all that apply)?

☐ Mail ☐ Newspaper Ad ☐ Promotional Call ☐ Radio ☐ Insurance

☐ Yellow Pages ☐ Sponsored Event ☐ Health/Senior Fair ☐ Website ☐ Employer

☐ Facebook ☐ Physician _____ ☐ Online _____

☐ Referred by Friend _____

Reason for Appointment _____

_____

Turn over...

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YOUR HEARING HEALTH HISTORY

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

If so, where and when? _____

What were the results of that test? _____

Do you currently own hearing aids? ☐ Yes ☐ No

If so, where and when were they purchased? _____

Are you satisfied with your hearing aids? ☐ Yes ☐ No

If not, give three specific examples of situations where you would like to see improvement. If satisfied, list what you love about your hearing aids. _____

_____

_____

_____

MEDICAL HISTORY

Do you have a personal history of:

☐ TMJ dysfunction
☐ Dizziness/Vertigo
☐ Noise Exposure
☐ Tinnitus/Ringing in the ears
☐ Ear Infections
☐ Stroke
☐ Otalgia/Ear Pain
☐ Meningitis
☐ Head Injury
☐ High Blood Pressure
☐ Ear Fullness/Pressure
☐ Ear Drainage
☐ Meniere's Disease
☐ Otosclerosis
☐ Ear Wax Buildup
☐ Eardrum Rupture
☐ Dry/Itchy Ear Canal
☐ Pressure Equalization tubes
☐ Autophony (own voice sounds loud)
☐ Ear Surgery
☐ Hyperacusis (increased sensitivity to loud sounds)

A copy of this signature is as valid as the original _____ Date _____

Signature of Parent or Guardian _____