



**Pasadena  
Hearing  
Care**

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## Patient Registration Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: *Male Female* Marital Status: *Single Married Separated Divorced Widowed*

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Would you like us to send a copy of your current and future test results and/or reports to (please check all that apply; by checking the box and listing below you are authorizing *Pasadena Hearing Care* to communicate with these entities regarding your healthcare and treatment:

- Referring Physician
- Primary Care Physician
- Other: \_\_\_\_\_

**How did you hear about us? (Please check all that apply):**

Internet Search       Family Member       Doctor       Direct Mail Piece  
 Open House       Website       Friend       Facebook  
 Other \_\_\_\_\_

# Medical Case History Form

There are several genetic, medical and lifestyle factors that increase the risk of hearing loss and tinnitus. Hearing loss, when left untreated, can also lead to a host of other comorbid medical conditions. Please complete this form for review with your Audiologist.

## 1. DIRECT Risk Factors Hearing Loss and Tinnitus

- Between the age of 60-70 y/o (~50% of people have disabling hearing loss)
  - Between the age of 70-80 y/o (~68% of people have disabling hearing loss)
  - Over the age of 80 y/o (~80% of people have disabling hearing loss)
- a. *Genetics*: Our genetics increase our predisposition to developing hearing loss and tinnitus. Please describe your family history of hearing loss and tinnitus.

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b. *Noise Exposure*: Exposure to noise is detrimental to the ears and impacts our ability to process words. Check the situations below that you have been exposed to loud noise.

- Work
- Concerts
- Firearms
- Sporting Events
- Power Tools
- Lawn Mower
- Motorcycles

c. *Medications*: Pharmaceuticals can affect the ears and cause hearing loss and tinnitus. Please check any medications you have been exposed to:

- Cancer Treatment* (i.e. chemotherapy)
- Aminoglycoside Antibiotics* (i.e. Arithromyocin, Z-Pac, Streptomycin, and any medication ending in "myocin")
- Fluoroquinolones* (Ciproflaxin/Cipro)
- Long term use of Aspirin, Naproxen* (Aleve, Ibuprofen) or Acetaminophen (Tylenol)

## 2. INDIRECT Risk Factors

Many common health conditions significantly increase the risk of hearing loss and tinnitus. Please check all the current medical conditions you are currently managing or concerned about.

- Cardiovascular Disease (hypertension, arthritis, history of stroke, heart valve complications or heart attack)
- Diabetes
- Kidney Disease

- Autoimmune Disease (i.e. Rheumatoid Arthritis, Lupus)
- Thyroid Disease
- History of Smoking
- Head Trauma

### 3. Comorbid Medical Conditions

Damage to the ear that causes hearing loss and tinnitus can have a significant impact on a person's social, emotional, physical, and cognitive health. Please check all the comorbid conditions you are dealing with (Please check all that apply).

- Missing parts of what of other people are saying to you (i.e. missing the beginning or end of a conversation)
- Difficulty following a conversation in background noise.
- My family/friends tell me I have a problem hearing
- I often need the TV louder than others
- People around me tend to mumble
- Difficulty hearing on the phone
- Difficulty hearing at church/meetings

*Cognitive Decline* (untreated hearing loss and tinnitus can increase the risk of dementia):

Are you concerned about memory loss or developing dementia?	YES	NO
Do you have a family history of cognitive decline or dementia?	YES	NO

*Falls* (untreated hearing loss and tinnitus increases your risk of falling)

Have you fallen in the past 12 months?	YES	NO
Are you concerned about falling?	YES	NO

What is your experience with hearing aids? (check all that apply)

- I have never used hearings aid(s) or visited a Hearing Healthcare Professional to inquire about hearing aids.
- I have been to another Hearing Healthcare Professional to gather information regarding my hearing difficulties but have not tried or purchased.
- I have tried hearing aid(s) but returned the instrument(s).
- I have hearing aid(s) but do not wear them regularly.
- I have hearing aid(s) and wear them regularly.

Please rank the following features (or qualities) in terms of their importance in a hearing aid (1 through 4, with 1 being the most important).

\_\_\_\_\_ Overall Sound Quality      \_\_\_\_\_Reliability      \_\_\_\_\_Style/Appearance      \_\_\_\_\_Cost

On a scale of 1-10, how motivated are you regarding doing something about your hearing loss?

1	2	3	4	5	6	7	8	9	10
NOT		SOMEWHAT		MOTIVATED		VERY		EXTREMELY	
MOTIVATED		MOTIVATED				MOTIVATED		MOTIVATED	

## Privacy and Cancellation Policies

\_\_\_\_\_ (initial here) By initialing this section and signing below, I agree to allow *Pasadena Hearing Care* to provide me with evaluation and treatment services. I understand that I may revoke this authorization at any time.

\_\_\_\_\_ (initial here) By initialing this section and signing below, I acknowledge that a copy of the *Pasadena Hearing Care* Notice of Privacy Practices was posted. The Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full Notice. I understand that a copy of the current Notice will be available in the reception area, and that any revised Notice of Privacy Practices will be made available upon request.

\_\_\_\_\_ (initial here) By initialing this section and signing below, I acknowledge that this office requires a 24-hour cancellation or rescheduling notice for all scheduled appointments, and that failure to do so will result in a \$25.00 fee.

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_