



**Pasadena
Hearing
Care**

1609 Pasadena Ave. S, Suite 2J
St. Petersburg, Florida 33707
Phone: (727) 329-8852

**Anne S. Carter, Ph.D.
Licensed Audiologist**

**Amy Kelbley, B.S., MBA
Office Manager**

**Sylvia Malinowski
Audiology Assistant**

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 #: _____

Relationship: _____

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.

What is the reason for your visit:

- | | | | |
|---|------------------|-----------------|------------------|
| <input type="checkbox"/> Hearing loss (circle one): | <i>Right Ear</i> | <i>Left Ear</i> | <i>Both Ears</i> |
| <input type="checkbox"/> Tinnitus (circle one): | <i>Right Ear</i> | <i>Left Ear</i> | <i>Both Ears</i> |
| <input type="checkbox"/> Vertigo | | | |
| <input type="checkbox"/> Cerumen removal | <i>Right Ear</i> | <i>Left Ear</i> | <i>Both Ears</i> |
| <input type="checkbox"/> Custom earmolds | <i>Right Ear</i> | <i>Left Ear</i> | <i>Both Ears</i> |

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.

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. Arithromycin, Z-Pac, Streptomycin, and any medication ending in "mycin")
- Fluoroquinolones (Ciproflaxin/Cipro)
- Long term use of Aspirin, Naproxen (Aleve, Ibuprofen) or Acetaminophen (Tylenol)

2. INDIRECT Risk Factors – Other conditions that can cause hearing loss and tinnitus

Many common health conditions significantly increase the risk of hearing loss and tinnitus. Please check all the current medical conditions you are currently managing/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. you sometimes 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 hearing loss 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 hearing 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 MOTIVATED		SOMEWHAT MOTIVATED		MOTIVATED		VERY MOTIVATED		EXTREMELY 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: _____