



# NEW PATIENT INFORMATION

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PATIENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Type:  Cell  Home  Work

Alternate Phone Number: \_\_\_\_\_ Type:  Cell  Home  Work

Patient's Relationship to Insured:  Self  Spouse  Child  Other \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

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

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## REFERRAL SOURCE: (How did you hear about us?)

- Family Member  Lakeshore ENT  Friend  Insurance Plan  
 Close to Home/Work  Advertisement  Website  Other: \_\_\_\_\_

## HEARING AID CONSIDERATIONS:

Do you have trouble with:

Vision:  Yes  No

Hand Dexterity:  Yes  No

Please let us know which of the following factors are most important to you when considering hearing aids by ranking them from 1 to 4 with 1 being the most important and 4 being the least important.

\_\_\_\_\_ Hearing aid size and whether the hearing aids can be seen by others.

\_\_\_\_\_ Cost of the hearing aids.

\_\_\_\_\_ Improved ability to hear and understand speech in a quiet situation.

\_\_\_\_\_ Improved ability to hear and understand speech in a noisy environment (e.g., restaurants).