



Ruud's Hearing Aid Service

PHILIP RUUD BC-HIS
Hearing Instrument Specialist OR Lic# HAS-P-924167; WA Lic# HA00000290 Pendleton, OR 97801
541-276-3155 800-678-3155 Fax 541-276-0607

29 SW Dorion

CONFIDENTIAL PATIENT INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL

SPOUSE/PARTNER

Responsible Party (if patient is child, Parent or Guardian)

MAILING ADDRESS HOME ADDRESS

CITY STATE ZIP

HOME PHONE MOBILE PHONE WORK PHONE

SOCIAL SECURITY# BIRTHDAY SEX M F EMAIL

REFERRING PHYSICIAN PRIMARY PHYSICIAN

IS THERE A PLACE/PHYSICIAN WE CAN SEND A COPY OF YOUR RESULTS

EMERGENCY CONTACT

HOW WOULD YOU LIKE TO RECEIVE APPOINTMENT NOTIFICATIONS? Phone Text Email None

INSURANCE CO

MEDICARE # OREGON HEALTH PLAN#

MEDICAL HISTORY

Have you seen a doctor in the past 6 months?

YES NO

Who is your primary physician? _____

Have you ever had ear surgery? YES NO If yes, when? _____

Have you experienced any of the following?

Have you had sudden or rapid hearing loss in the past 90 days? YES NO

Has the hearing in one ear worsened in the past 90 days? YES NO

Do you have acute or recurring loss of balance or dizziness? YES NO

Have you ever or currently have earaches or pain in your ears? YES NO

Have your ears ever drained? YES NO

Have you ever had wax removed from your ears? YES NO

In which ear is your hearing the worst? LEFT RIGHT BOTH

Do you hear ringing noises or unusual sounds in your head or ears? YES NO

How many years have you experienced hearing difficulty? _____

HISTORY

Have you noticed that people seem to mumble?.....YES NO

Do you find yourself asking people to repeat what they have said?.....YES NO

Do you sometimes hear words but don't always understand them?.....YES NO

Do you find it difficult to hear in noisy places?.....YES NO

Have you been told that you speak loudly?.....YES NO

Is it difficult to understand speech when your back is to the speaker?.....YES NO

Do others complain that you set the TV too loud?.....YES NO

Do you have difficulty understanding on the telephone?.....YES NO

Have you been told that you missed the ringing of the telephone.....YES NO

Do you avoid social events because of your hearing difficulty?.....YES NO

Signed: _____ Date: _____



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REFERRED BY WHOM

Doctor _____ Friend _____ Spouse _____ Radio _____ Newspaper _____
Yellow Pages _____ Other _____

HEARING AID HISTORY

Do you have a hearing aid? YES NO If yes, which ear? RIGHT LEFT BOTH
How long have you worn a Hearing Aid? _____ Brand Name _____
How satisfied are you with your hearing aids? Satisfied OK Dissatisfied

HEARING EXPECTATIONS

What are your expectations to improve your hearing?

(Please arrange in order of importance)

- _____ Understanding speech better
- _____ Inconspicuous appearance of hearing aid
- _____ Comfort
- _____ Ability to hear and function in noisy surroundings
- _____ Cost
- _____ Availability of service
- _____ Quality of hearing instruments

In what situations do you have the most difficulty hearing?

(Mark all that apply)

- _____ At Home
- _____ In Restaurants
- _____ Understanding women, grandchildren
- _____ In a quiet room
- _____ On the telephone
- _____ Family dinner
- _____ Small group meetings
- _____ Large group meetings
- _____ Watching TV
- _____ Listening at work
- _____ Riding in a car/bus
- _____ Conversation with one person
- _____ Listening outdoors
- _____ In a place of worship
- _____ Leisure activities

List all medications:

Signed: _____ Date: _____