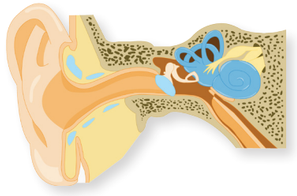
Anatomy of the Ear



Patient Attitude Toward Rehabilitation

_____

_____

_____

_____

_____

_____

Teach	Feet	Chase	Fast	Chief	Fifth	Safe	Sap	Cease	Seep

Comments _____

_____

_____

Medical Waiver

I have been advised by Hart Hearing Care Centers, Inc. that the Food and Drug Administration has determined that my best interest would be served if I had a medical evaluation by a licensed physician (preferably by a physician who specializes in diseases of the ear) before purchasing a hearing instrument. This evaluation information shall be compiled for the purpose of making selections and adaptations of hearing instrumentation. I am at least 18 years old. I do not wish to have a medical evaluation before purchasing a hearing aid.

_____ _____

Signature Date

HART
HEARING CARE CENTERS

Patient Information

Date: _____

Legal Name: _____

Preferred Name: _____

Spouse's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Age: _____ Date of Birth: _____

Family Physician: _____

Current or Previous Occupation:

_____

How did you hear about us?

❑ Word of Mouth ❑ Physician ❑ Mailing ❑ Newspaper ❑ Yellow Pages

❑ Other: _____

_____

_____

Audiogram

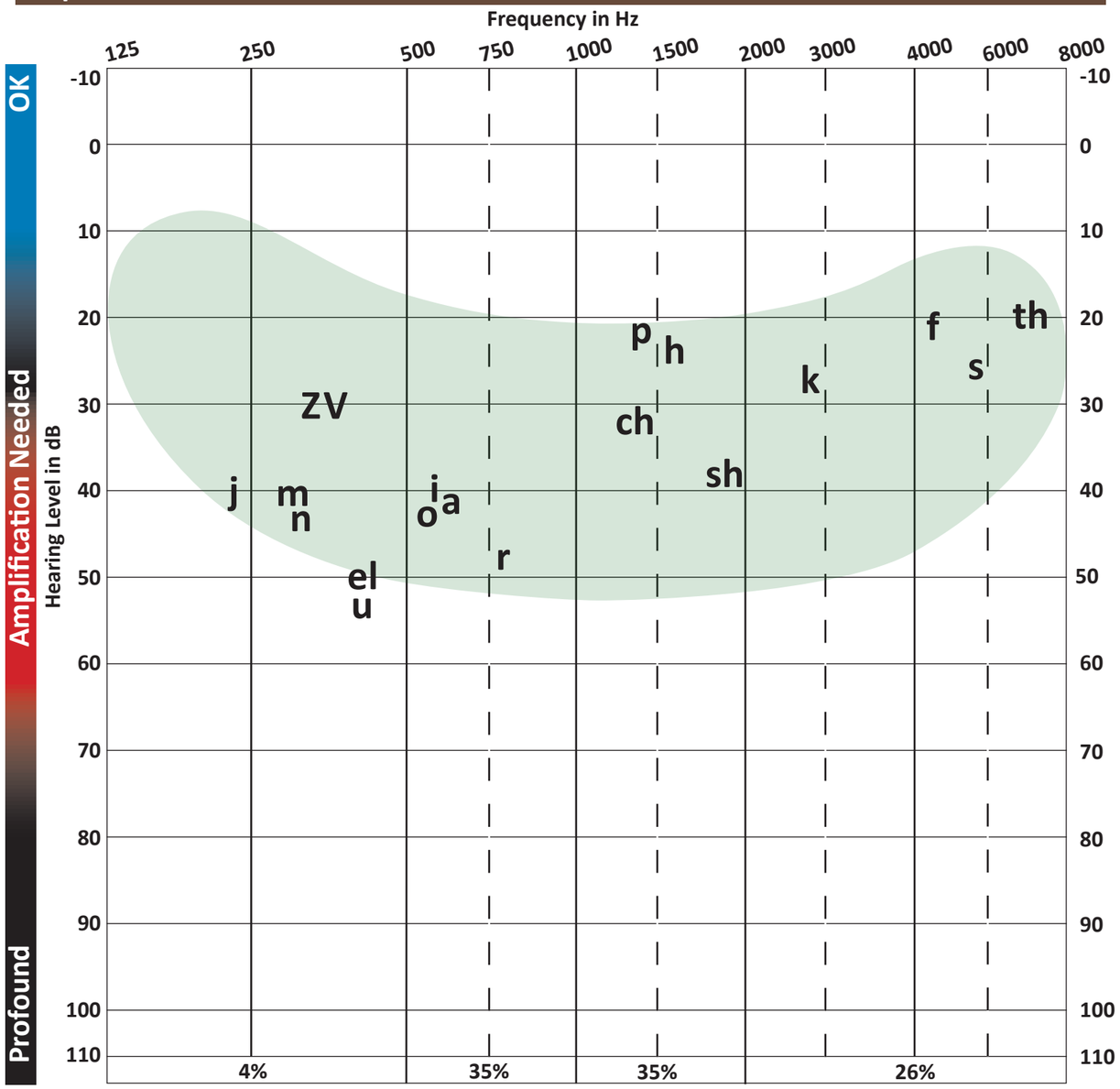
Date:_____

License #: _____

_____

Hearing Instrument Specialist

Explain and Perform Audiometric Evaluation



Audiogram Key

	L	R	NR L	NR R		L	R	NR L	NR R
Air Conduction	X	O	X	O	Bone Conduction Forehead	<	>	[	]
Air Conduction Masked	□	△	□	△	Bone Conduction Forehead Masked	⌉	⌈	⌉	⌈
Bone Conduction	>	<	⤡	⤢	Threshold of Discomfort Pure Tone	●	●	●	●
Bone Conduction Mastoid Masked	⌋	⌊	⌋	⌊					

Auditory Evaluation Results

	LEFT	RIGHT	BINAURAL
PTA - Pure Tone Average			
SRT - Speech Reception Threshold			
MCL - Most Comfortable Level			
UCL- Uncomfortable Level			
SDS - Speech Discrimination Score			
PL - Presentation Level			

HART Hearing Care Centers

Otoscopy

Video Otoscopic Inspection

Texture of Auricle			Cerumen		
RIGHT			RIGHT		
❑ Soft	❑ Medium	❑ Hard	❑ Clear	❑ Partial	❑ Blocked
LEFT			LEFT		
❑ Soft	❑ Medium	❑ Hard	❑ Clear	❑ Partial	❑ Blocked

CID Auditory Evaluation

List 1A

❑ An	❑ Hunt	❑ She	❑ Ace	❑ Give	❑ Poor	❑ Wire
❑ Yard	❑ Ran	❑ High	❑ You	❑ True	❑ Him	❑ Ache
❑ Carve	❑ Knees	❑ There	❑ As	❑ Isle	❑ Skin	❑ It
❑ Us	❑ Knot	❑ Earn	❑ Wet	❑ Or	❑ East	❑ Bathe
❑ Day	❑ Mew	❑ Twins	❑ Chew	❑ Law	❑ Thing	❑ Them
❑ Toe	❑ Low	❑ Could	❑ See	❑ Me	❑ Dad	❑ Jam
❑ Felt	❑ Owl	❑ What	❑ Deaf	❑ None	❑ Up	❑ Bells
❑ Stove						

CONFIDENTIAL PATIENT INFORMATION

Medical History

Have you been examined by a doctor in the past six (6) months? ❑ Yes ❑ No

Doctor's Name: _____

Will this be your first hearing evaluation? ❑ Yes ❑ No

Have you had ear surgery? ❑ Yes ❑ No

Type _____

Do you have any of the following:

- Deformity of the ear? ❑ Yes ❑ No
- Sudden or rapid hearing loss in the past 90 days? ❑ Yes ❑ No
- Pain or discomfort in the ear? ❑ Yes ❑ No

Acute or recurring dizziness? ❑ Yes ❑ No

Ringing in the ears? ❑ Yes ❑ No

Previous ear infections? ❑ Yes ❑ No

Active drainage from the ear? ❑ Yes ❑ No

have you ever found it necessary to have a doctor remove wax from your ears? ❑ Yes ❑ No

In which ear is your hearing the worse? ❑Both ❑Right ❑Left

Are you taking any prescription medication? ❑ Yes ❑ No

Type _____

Do you have any medical problems? ❑ Yes ❑ No

Type _____

Is there a unilateral hearing loss of sudden or recent onset within the previous 90 days? ❑ Yes ❑ No

Audiometric air-bone gap equal to or greater than 15dB at 500 Hz and 200 Hz? ❑ Yes ❑ No

Hearing History

Subjective Agreement

Have you noticed that people seem to mumble? ❑ Yes ❑ No

Do you sometimes hear words but do not 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

Do others complain that you play the TV too loudly? ❑ Yes ❑ No

Hearing Instrument User

Have you been told on occasion that you missed the ringing of the telephone? ❑ Yes ❑ No

If a hearing loss is discovered, are you ready for help? ❑ Yes ❑ No

Do you have or have you ever worn a hearing instrument? ❑ Yes ❑ No

❑ IIC ❑ CIC ❑ ITC ❑ ITE ❑ HS ❑ RIC ❑ BTE

Brand:_____ How old? ❑ 1-2 yrs. ❑ 3-4 yrs. ❑ 5+ yrs.