

Hearing Health Questionnaire



SmartStep Hearing

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Today's Date _____ / _____ / _____ Male Female Married Single Widow(er)

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Main Phone _____ Mobile _____

E-mail _____

Date of Birth _____ Occupation (Past) _____

Companion _____ Relationship _____

Insurance _____ ID/Policy No. _____

How did you hear about SmartStep? _____

MEDICAL HISTORY

Primary Physician _____ City _____ Phone _____

Permission to release a copy of test information to physician: Yes No

Patient signature: _____

Yes **No**

- Have you had a hearing test in the past 6 months?
- Have you been seen by a physician in the past 6 months for a hearing concern?
- Have you been advised to wear hearing aids?
- Do you experience continuous noises in your ears (ringing, buzzing)?
- Have you served in the military?
- Do you have any allergies? Please list: _____

- Are you a diabetic?
- Do you have heart or kidney disease?
- Do you have any rheumatoid arthritis?
- Are you currently taking any medications or blood thinners?
- Have you ever had surgery on either ear? Left Both Right

Date _____ Explain _____

Physician/ENT _____ City _____ Phone _____