Hearing Care
Communication is Life
Dr. David Hough, Ph.D, CCC-A
Jeff Mashburn, M.S, CCC-A

PATIENT HISTORY

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

Family Medical Doctor: _____ Phone: _____

Audiologist/ENT: _____ Phone: _____

Primary reason for visit: _____

Date symptoms first appeared: _____

Do you have hearing loss? _____ One ear worse than the other? _____

Dizziness? _____ Tinnitus or ringing in the ear? _____

Past history of ear infections? _____ Ear Operation(s)? _____

List all medications you are taking: _____

How did you hear about our office?

Friend: _____ ☐ Insurance ☐ Website ☐ Newspaper ☐ Social Media ☐ Internet

Signed: _____ Date: _____

A copy of our clinic's HIPAA policy is available at the front desk.

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