

## 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.