



11041 Gatewood Drive ♦ Lakewood Ranch, FL 34211
Office - 941.312.4781 ♦ Fax – 941.706.1294 ♦ Website - www.AdeptAudiology.com

Intake Information

Date _____ Observing _____ Referred By _____

Name _____ Male _____ Female _____

Phone _____ Date of Birth _____ Age _____

Address _____

Email Address _____

Primary Care Physician: _____ Phone: _____

Physician Address: _____

Primary Ins. _____ Insurance ID# _____

Name of Policy Holder _____ Policy holders date of birth _____

Secondary Ins. _____ Insurance ID# _____

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on this sheet, and certify that this information is correct to the best of my knowledge. I will notify Adept Audiology of any changes in my health status or in the above information.

Signature _____ Date _____

Parent Signature if Minor _____ Date _____

ADEPT AUDIOLOGY

We take hearing to heart

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Hearing Health History

Do you suspect Hearing Loss Yes _____ No _____
If Yes, how long have you suspected loss _____
Have others commented on your hearing? _____
In which ear do you have greatest difficulty? _____
Are you concerned about your hearing? _____

Are you experiencing or have you experienced the following in the past year?
Ear pain _____ Ear Pressure _____ Vertigo _____ Loss of Balance _____ Tinnitus _____
List of Medications: _____

Family history of hearing loss _____
History of noise exposure _____
History of ear surgery _____
Are you diabetic? _____ Type I _____ Type II _____
Do you use tobacco? _____ If yes, years using tobacco _____

Hearing Device History

Have you ever worn hearing devices? _____ One or both ears _____
Are you currently wearing hearing devices? _____
Make/Model _____ Year purchased _____
Additional Comments:

Where do you experience difficulty hearing?

1 on 1 _____ Small groups _____ Large groups _____ Restaurants _____
TV _____ Phone _____ Family Gatherings _____ Theatres/Plays _____
Place of worship _____ Outside/Golfing _____ In the car _____

How often are you in noisy environments? _____
What environments would you like to hear better in? _____