



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

**Intake Information**

Date \_\_\_\_\_ Accompanied By \_\_\_\_\_ Referred By \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Cell Phone iPhone \_\_\_\_\_ Android \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

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 \_\_\_\_\_

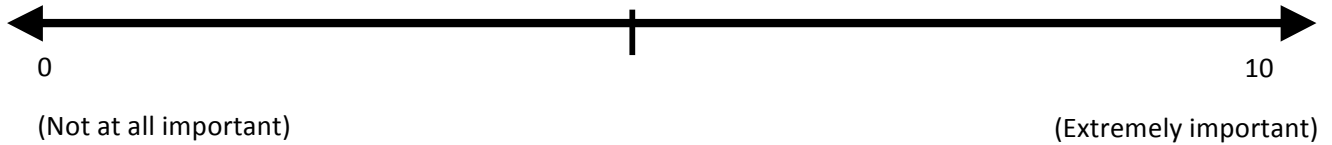


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Hearing Health History

Do you suspect Hearing Loss? Yes \_\_\_ No \_\_\_ If Yes, how long have you suspected it? \_\_\_
Have others commented on your hearing? \_\_\_
In which ear do you have greatest difficulty? \_\_\_

How important is it for you to improve how you hear, understand, or communicate with others RIGHT NOW? (mark on the line)



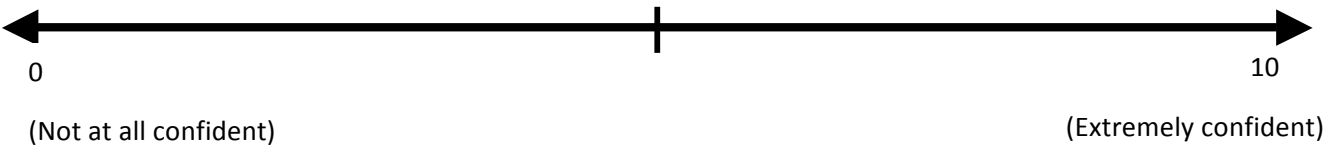
Have you experienced the following in the past year?
[ ] Vertigo [ ] Loss of Balance or Falls
[ ] Describe: \_\_\_\_\_

Family history of hearing loss \_\_\_\_\_
History of noise exposure? Military Occupation/Job Recreational Other: \_\_\_\_\_
History of ear surgery? \_\_\_\_\_
Are you diabetic? \_\_\_\_\_ Type I \_\_\_ Type II \_\_\_
Do you have trouble with arthritis, stiffness, numbness in your fingers? \_\_\_\_\_
Do you use tobacco? \_\_\_\_\_ If yes, years using tobacco \_\_\_\_\_

Hearing Device History

Have you ever worn hearing devices? \_\_\_\_\_ One or both ears \_\_\_\_\_
If yes, how would you rate your experience with them on a scale of 0 (terrible) to 10 (great)? \_\_\_\_\_
Make/Model if known: \_\_\_\_\_ Year purchased: \_\_\_\_\_

How confident are you in your own ability to use and take care of hearing aids if they are recommended? (mark on the line)



# ADEPT AUDIOLOGY

*We take hearing to heart*

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Where do you have trouble hearing?

- 1 on 1     Small groups     Large groups     Restaurants     Family gatherings     Outside/Golfing  
 TV     Phone     Theaters/Plays     Place of worship     In the car     **Other:**

How often are you in noisy environments? \_\_\_\_\_

What environments would you like to hear better in? \_\_\_\_\_

Select all that apply:

- \_\_\_\_\_ I am not ready for hearing aids at this time.  
\_\_\_\_\_ I have been thinking that I might need hearing aids.  
\_\_\_\_\_ I have started to seek information about hearing aids.  
\_\_\_\_\_ I am ready to wear hearing aids if they are recommended.  
\_\_\_\_\_ I am comfortable with the idea of wearing hearing aids.  
\_\_\_\_\_ I currently wear hearing aids.

Comments or questions for the audiologist:

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