Audible Difference®
5727 Pembroke Drive
Madison, WI 53711-5225
(608) 273-3036

Veronica H. Heide, Au.D. ***Date:_____***

Confidential Case History Form

Name:

Date of Birth:

Street Address:

City/State/Zip:

Phone: HM- WK: FAX: EMAIL:

General Health History **Primary Physician's Name:_____**

Clinic Name: _____

Describe any major medical problems and/or surgeries you have had:

List the medications and supplemens you are currently taking. (If you have a printed list or your medications, feel free to include it with these materials.):

List any allergies including, medications, foods, or environmental irritants:

Check all that apply and describe details in comment section:

	Head Injury		Scarlet Fever		Mumps, Measles		Tuberculosis		Kidney
	Diabetes		Seizures		Syphilis		Blood disorder		Heart

Comments:

Ear Health History

Describe any medical problems you have had with the health of your ears:

Check all that apply and describe details in comment section:

	Ear Infections		Ear drainage		Perforated eardrum		Ear Surgery
	Other Medical Conditions		Ear surgery		Other:		

Comments:

(OVER=>)

Hearing Loss History:

When did you first notice difficulty hearing?

List situations where you notice hearing difficulty.

Do other family members notice or comment on your hearing loss?

List family members who have experienced hearing loss, the age they acquired their hearing loss, how they are related to you, and what you believed caused their hearing loss?

Do you have any of the following? Check all that apply and describe in comment section:

	Headaches		Tinnitus/ Ringing in ears		Dizziness		Difference between ears? If so, which ear is better?

Comments:

Occupational Hearing History

Have you ever exposed your ears to loud sound without the use of Hearing Protection Devices? If yes, please describe all incidents.

Check all that apply and describe details in comment section:

	Military service		Noise exposure at work		Recreational noise exposure		Hobbies that make loud noise
	Guns		Farm equipment		Power tools		Engine noise

Hearing Aid History

Have you ever worn a hearing aid(s)? If so, where did you purchase them? What was the name of the manufacturer and the style (Behind-the-Ear, In-the-Ear, In-the-canal).

Describe your experiences with the hearing aid(s). What did you like and dislike about the sound, performance, and fit?

I authorize the release of any medical or other information necessary to process this claim. I also request payment of benefits to Veronica H. Heide, AuD, Audible Difference LLC.

_____ _____

Signature Date