

## ADULT REGISTRATION FORM

Please complete this form. Attach copies of any reports that might assist us in our evaluation.

Title: ..... Name: .....  
Date of birth: ..... Address:.....  
.....  
Home Phone: ..... Mobile Phone: .....  
Email: ..... Occupation: .....

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Are you receiving Pensioner Health Benefits?  Yes  No  
If yes, what is your CRN number on the pension card?

Are you eligible for funding from National Insurance and Disability Scheme (NDIS) for your hearing?  Yes  No

Are you eligible for WorkSafe funding related to a hearing loss claim?

Are you a Veterans' Affairs cardholder?  Yes  No  
If yes, what is the number and type of card?

May we contact you regarding your appointment at any of the numbers or address listed above?  
Please tick  
 home phone  mobile phone  email  mail to your home address

Referred by .....

Name and Address of your Family Doctor.....  
.....

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Describe your chief complaint or reason for referral .....

Have you had your hearing evaluated before?  Yes  No  
If so, what was the result? .....

Do you have hearing loss? If so, which ear?  Right  Left  Both  
Did it happen suddenly?  Yes  No  
When did it begin? Has it become worse?  Yes  No  
Does your hearing fluctuate?  Yes  No

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**The  
Hearing  
Specialist**

1303 Nepean Hwy, Mount Eliza, VIC 3930

Tel: (03) 9783 1666

[www.thehearingspecialist.com.au](http://www.thehearingspecialist.com.au)

If yes, which ear?  Right  Left

Do you experience any discharge/infection/pain/discomfort?  Yes  No  
 If yes, which ear?  Right  Left  
 Do you know what caused the hearing loss?

Is there a family history of hearing loss?  Yes  No  
 If so, who had hearing loss?

Have you had a history of loud noise exposure?  Yes  No  
 Where were you exposed:  Work  Military  Hobbies/Music  
 Did you use ear protection?  Yes  No  
 How long were you exposed?

Do you hear noise, ringing or buzzing in the ear/s?  Yes  No  
 If so, in which ear do you hear it?  Right  Left  Both

Have you had dizziness or vertigo?  Yes  No  
 If so, have you received any treatments?

Have you seen an Ear Nose and Throat (ENT) specialist?  Yes  No  
 Have you had any treatment/surgery on your ears?  
 If so, which ear?  Right  Left  
 What type of treatment/surgery did you have?

Have you had ear infections?  Yes  No  
 If so, what ear?  Right  Left  Both

Have you had an ear injury or a head injury?  Yes  No

Please tick any diseases you have had.  
 Diabetes  Meningitis  Circulatory problem   
 AIDS/HIV  Hepatitis   
 Other.....

Do you take blood thinners?  Yes  No

Do you have arthritis in your hands that might affect the use of a hearing aid?  Yes  No

Have you used a hearing aid previously?  Yes  No  
 If so which ear?  Right  Left  Both  
 What type of aid?  Behind the Ear  In the Ear



When did you get fitted with hearing aids?

Did the hearing aids benefit you?

Yes  No

On a scale of 1 to 10, one being poor and ten being great, how would you score your hearing ability? (circle)

1      2      3      4      5      6      7      8      9      10

If you scored your hearing ability poor, which situations do you feel you struggle to hear well or clearly (please tick):

Family members at home

Softly spoken people

when people are facing away

Watching TV

On the phone

home phone

mobile phone

Large group gatherings/noisy situations

Restaurants/Dinner

home many people?

In the workplace/meeting



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## MEDICAL INFORMATION AND PRIVACY CONSENT FORM

The Hearing Specialist requires your consent to collect and disclosure of personal information in order to provide audiological procedures including, but not limited to, diagnostic testing, rehabilitative treatment, ear wax removal, and taking of ear mould impressions.

If you choose not to provide your personal information for the purposes set out in this privacy policy, this may result in our inability to provide hearing services to you. Please read this consent form carefully and sign, where indicated below.

Hearing Specialist collects such personal information for the primary purpose of managing your hearing health. Your personal information is protected by law, including the Australia Privacy Act 1988 (cth) and will be held by the clinic in the strictest confidence legally possible. By providing my personal information, The Hearing specialist can contact me by telephone, email, SMS or post relating to my hearing health.

Personal information may be provided to third parties (inside of Australia, unless specifically requested by you) who have a direct interest in your hearing health, such as your medical provider. It may also be provided to (and stored by) WorkSafe Victoria or State/Commonwealth Government Agencies in order to assess your eligibility for Hearing Services program or apply for a hearing services voucher on your behalf. The transfer of personal information to these third parties can be made by secure electronic communications or by normal Australia Post.

Requests for copies, complaints or alterations relating to your personal information can be made by visiting our Privacy Policy on our website at [www.thehearingspecialist.com.au](http://www.thehearingspecialist.com.au).

I understand that if medical advice is needed that I should see my Medical Practitioner.

I understand that ear wax removal, lyric fitting (removal/refitting), and/or impression taking may involve minor risks such as small abrasions or minor bleeding. In such uncommon event, I will be referred to my GP or ENT for treatment.

I have notified the Audiologist, now present, in my complete Hearing Health History Form, of any medications or conditions that could impact this procedure.

.....  
Client Name and Signature Date

.....  
Guardian/Power of Attorney Signature Date



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