



Honest Hearing | New Patient Form

Name *

Email

First Name

Last Name

example@example.com

Phone Number *

Area Code

Phone Number

When was the last time you had a full hearing test?

Do you currently have hearing devices?

Yes

No

If yes, how many years have you had hearing devices for?

I have seen the following professionals in the past about my hearing

Audiologist

Ear Nose and Throat Specialist

GP

Tick tailored solutions that interest you

Headphones

Hearing Aids

Cochlear Implants

Tinnitus Counselling

Custom Earplugs

Please rate your listening abilities in the following situations

No difficulty

Slight difficulty

Average

Good

One to one conversations

On the phone

Listening to the TV

In small groups

Restaurants

I would like to do something about my hearing today

1 2 3 4 5

No, I'm not ready

Yes, definitely need to

Health Information and Consent

We take an active approach to your health and use different ways to communicate with you for various reasons. As a client of our practice we require you to provide us with your personal details and a full medical history, so that we may properly assess, diagnose, treat and be proactive in your health care needs. We aim to protect the privacy and secure storage of your health information. A copy of our privacy policy is outlined in full on our website. We require your consent to collect personal information about you and to use the information you provide in the following ways.

Please read this consent form carefully, and sign where indicated below.

- Billing and administrative purposes in running our practice.
- Record your health information for medical and health related service
- Disclosure to others involved in your healthcare, including treating doctors, specialists and allied health providers outside this medical practice if required
- For appointment confirmation emails, texts and or calls which may be sent to you regarding your health care and management.

You can decline to have your health information used in all or some of the ways outlined above, but it may influence our ability to manage your health care to provide the best outcome to you.

Signature

Date



Day Month Year