



# Meridian Hearing Aids

943 W Overland Rd. Suite 110

Meridian, ID 83642

(208)572-0005

## New Patient Intake and Evaluation Form

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number:( \_\_\_\_\_ ) - \_\_\_\_\_ House Phone Number:( \_\_\_\_\_ ) - \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ .com

Retired?: YES/NO Occupation: \_\_\_\_\_ Spouse/Significant other: \_\_\_\_\_

### Medical Information & Hearing History

*Are you taking any medication for following?*

Pain relievers: YES/NO      Blood Thinners: YES/NO      Cancer Medications: YES/NO

Heart Medications: YES/NO      Diabetes Medications: YES/NO

Other medications: \_\_\_\_\_

Are you allergic to any materials?: YES/NO *If yes, what?* \_\_\_\_\_

Circle any of the following medical conditions you have or have had:

- |             |                   |              |               |                    |
|-------------|-------------------|--------------|---------------|--------------------|
| Arthritis   | Alzheimer's       | Bell's Palsy | Cancer        | Diabetes type I/II |
| Dementia    | Dexterity Issues  | Dizziness    | High Fevers   | Hepatitis A/B      |
| Hepatitis C | HighBloodPressure | HIV/AIDS     | Measles/Mumps | Meniere's          |
| Meningitis  | Neuropathy        | Pacemaker    | Parkinson's   | Shingles           |
| Skin Rash   | Stroke            | Tinnitus     | Tuberculosis  | Vision Issues      |

Do you have any other medical issues or conditions?: YES/NO

*If yes, what?* \_\_\_\_\_

Have you ever had a hearing test?: YES/NO *If yes, when?:* \_\_\_\_\_

Have you ever seen a physician about your hearing?: YES/NO

*If yes, when/what for?:* \_\_\_\_\_

Have you ever worn a hearing aid?: YES/NO *If yes, what make/model?:* \_\_\_\_\_

*What problems do you have with them?:* \_\_\_\_\_

Do you/have you had noisy hobbies?: YES/NO *If yes, what?:* \_\_\_\_\_

People I want to hear better: \_\_\_\_\_

Places I want to hear better: \_\_\_\_\_

*I have received a copy of Meridian Hearing Aids Notice of Privacy Practices. **Initial:*** \_\_\_\_\_