



Associates in Audiology

407 W Lincoln Highway, Suite 50, Exton, PA 19341 PH: (610) 363-1340
3277 W. Ridge Pike, Suite B203, Pottstown, PA 19464 PH: (610) 323-7077
166 Allendale Road, King Of Prussia, PA 19406 PH: (610) 265-4404
293 N. Providence Road, Media, PA 19063 PH: (610) 595-0906

Dr. Michael McCandless, AuD, CCC-A
Gigi Madison, RMA, BC-HIS Mark Weinstein, BC-HIS
Lisa Mancini, HIS Dr. Nicole Kwak, AuD
Welcome to Associates in Audiology...

Please tell us about yourself...

Name _____ **Referred by** _____

Address _____

Street

City

State

Zip

Telephone # _____ *(Preferred?)* **Cell phone #** _____ *(Preferred?)*

E-mail Address _____ **Date of Birth** _____ **Age** _____ **Marital Status** _____

Insurance Information...

Medicare # _____ **Primary Physician** _____

Primary Insurance _____ **Secondary** _____

(Please bring your Medicare and insurance cards with you as we will need a copy for your chart.)

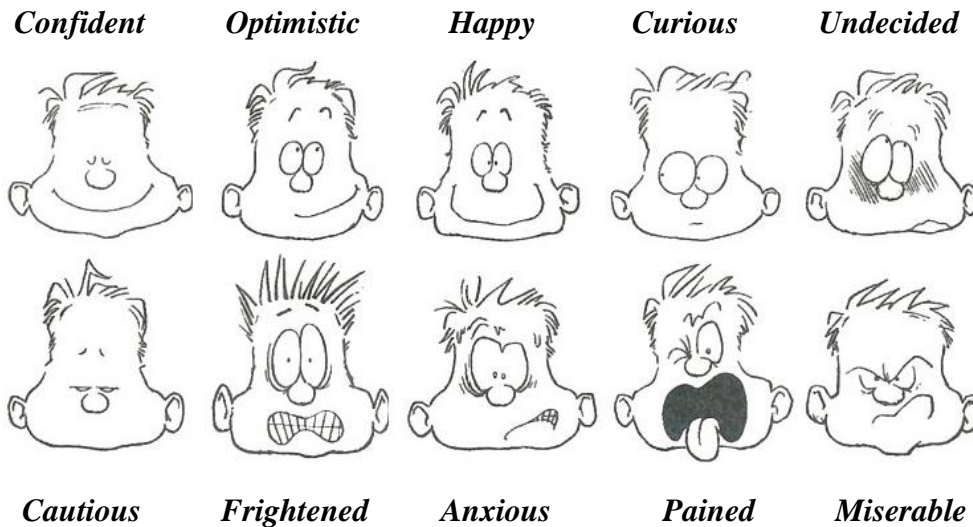
To enable us to provide quality care to you...

1. *When did you notice you were having difficulty with your hearing?* _____
2. *Have you had your hearing tested before?* _____ *When and Where?* _____
3. *Do you have a hearing loss?* _____ *Was your hearing loss gradual or sudden?* _____
4. *Do you have ear pain?* _____ *Do you have ear drainage?* _____ *Do you have ear discomfort?* _____
5. *Have you had any previous ear surgeries?* _____
6. *Do you have any acute or chronic dizziness?* _____
7. *Are you experiencing any ringing or noise in your ears?* _____
8. *Is there a history of hearing loss in your family?* _____
9. *Have you been exposed to loud noise, such as industrial or gunfire?* _____

Communication History...

1. Do you sometimes hear people, but have difficulty understanding? _____
2. Do you understand words better when you are looking at the speaker? _____
3. Specific difficulties: Understanding spouse? ____ In groups? ____ At work ____ TV? ____
In church? ____ Social Situations? ____ Phone? ____ Movies/Theatre? ____ Other? _____
4. Have hearing aids been recommended to you? _____
5. Are you currently wearing hearing aids? _____
6. Have you reached a point where you want to hear and understand better? _____
7. In order of importance, please rank (from 1 to 4) the following:
Reliability _____ Cosmetic Appeal _____ Price _____ Performance _____

Please let us know how you're feeling about your visit to Associates in Audiology today...



Consent to use and disclosure of health information...

By signing this form, you are granting consent to Associates In Audiology to use and disclose your protected health information for the purposes of treatment, payment and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

You have a right to request that we restrict how we use and disclose your protected health information for the purposes of treatment, payment and health care operations. We are not required by law to grant your request. However, if we do, we are bound by our agreement. You have a right to revoke this consent in writing, except to extent we already have used or disclosed your protected health information in reliance on your consent.

Signature _____ Date _____