Edward Grubbs, BC-HIS
Belmont Hearing Center
100 N. Main St. Ste. 123
Belmont, NC 28012
704-860-7795

CLIENT ANALYSIS FORM

Patient Name ____Spouse _____________

Address ____

City ___________________________ State _____________ Zip ____________

Home Phone ___________________________ Cell _____________________________

Date of Birth _______________ Age _______ E-mail ___________________________

Referred By Physician ____ Friend ____ Internet ____ Other ____

Confidential Patient Information

Medical History

Will this be your first hearing test? ………………………………………	Y / N
If no, when was the last test? ………………………………………	Y / N
Have you been examined by an ear specialist is the last six months? …………..	Y / N
Have you ever had ear surgery? ………………………………………	Y / N
Do you have any of the following	
Deformity of the ear? ………………………………………	Y / N
Ear Drainage? ………………………………………	Y / N
Sudden or rapid hearing loss in the past 90 days? ………………………	Y / N
Acute or recurring dizziness? ………………………………………..	Y / N
Ear Pain? ………………………………………..	Y / N
Hearing in one ear decreased in the past 90 days? ……………………	Y / N

Name of Primary Care Physician: ____

Patient Signature ____ Date ___________

PLEASE FILL OUT BOTH FORMS