

## AUDIOLOGY INTAKE FORM (ADULT)

Name:		Date:	
Referring Physician:		Occupation:	
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Reason for today's visit:			
		den inde a companye den den meningan meningan dan menindah dendah menjadi mengan dan menganan dan menganan dan	
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Previous Surgeries and Hospitalization	ons:		
To any state of the contract o		a (Pri tri tiga tanka a raga) (Pri tani Pri tahin tangan malakan kenalah dan tangan melah talih ta	
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Medications (including vitamins, over	the counter, herbal, etc.):	मान क्षेत्रक राष्ट्रकोती राज्योतिकृतिकार कारण कर नहीं के के हमाने कार कार कार को उसने सामान कर साम से सामान से	
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HISTORY OF:			
Abnormal renal function (kidney p			
Hypertension (high blood pressure			
Diabetes	□ Y		
Allergies	□Y	1000000	
Neurological disorder	o Y	es 🗆 No	
Migraines	□ Y	es 🗆 No	
Do you feel you have hearing loss	5? □ Y	es 🗆 No	
If yes:			
For how long?	,	ight 🗆 Left	□ Both
In which ear?		ight 🗆 Left	

8553 Argyle Business Loop, Ste D Jacksonville, Florida 32244

T: 904.479.5198

Prior use of hearing aids?  If yes:	□ Yes	□ No	
When?			
Which ear?	□ Right	□ Left	□ Both
What kind?			
Were you satisfied with them?	□ Yes	□ No	
Have you ever had an ear infection or ear surgery?  If yes:  When?	□ Yes	□ No	
Which ear?	□ Right	□ Left	□ Both
Do you ever experience tinnitus (noises in the ears)?  If yes.  For how long?	□ Yes	□ No	
In which ear?	□ Right	□ Left	□ Both
Are the noises constant or intermittent?	_	nt 🗆 Inte	
Please describe the noise as best you can:			
Do you ever experience dizziness or imbalance?  If yes:  When was the onset?  How many episodes?			
Any vomiting/nausea?			
Please describe the dizziness:			
Have you ever been exposed to loud noise? For how long?		Yes	□ No
Did you wear ear protection?		Yes	□ No
Have you ever had a head injury?  If yes:		Yes	□ No
Was there any loss of consciousness?		Yes	□ No
Do you have hearing loss in your family?  If yes:  Which family member?		Yes	□ No
Cause of hearing loss (if known)?			
Cause of fleating loss (if known):			