BLUE SKY HEARING

PATIENT REGISTRATION

Title: ☐ Dr. ☐ Ms. ☐ Mr. ☐ Mrs.

Name: _____ DOB: _____

Address: _____ City: _____ __ State: _____ Zip: _____

Preferred Phone: (_____) _____-_____ ☐ Cell ☐ Home ☐ Work

Email: _____

Occupation: _____

Reason for visit: _____

How did you hear about Blue Sky Hearing: _____

MEDICAL INFORMATION

Name & location of your primary physician (a copy of your test results will be sent to your physician):

_____

Please list any prescription medication(s) & dosage : _____

_____

Do you have a history of:

- Head injury (including loss of consciousness) ☐ Yes ☐ No
- High blood pressure ☐ Yes ☐ No
- Diabetes ☐ Yes ☐ No
- Seizures ☐ Yes ☐ No
- Sleep apnea ☐ Yes ☐ No
- Anxiety or depression ☐ Yes ☐ No
- Tobacco ☐ Yes ☐ No
- Chemotherapy or radiation treatments ☐ Yes ☐ No
- Frequent or recurring MRI/CT scans ☐ Yes ☐ No

Please use the space below to provide any additional health information: _____

_____

_____

_____

_____

Form continues on back...

EAR AND HEARING INFORMATION

Date of any previous hearing exam(s): _____

Results of prior exam (if known): _____

Do you have a history of:

- Tinnitus or ringing ☐ Yes ☐ No
- Ear infections ☐ Yes ☐ No
- Ear surgeries ☐ Yes ☐ No
- Noise exposure ☐ Yes ☐ No
- Dizziness or vertigo ☐ Yes ☐ No
- Sudden change in hearing ☐ Yes ☐ No

Have you ever worn hearing devices: ☐ Yes ☐ No

If yes, how long have you worn devices: _____

Please describe your devices (make, model, style): _____

_____

Please describe your current feelings and/or experiences regarding your devices: _____

_____

_____

NOTICE OF PATIENT RESPONSIBILTIES

- You are resonsible for all fees associated with the care you receive.
- Payment is expected at the time of services unless other arrangements have been made.
- It is your responsibility to understand any benefits set forth by your insurance company.
- We require a 24-hour notice to cancel or reschedule appointments ($75 cancellation fee if no notice is provided or notice is less than 24-hours in advance).

By signing below, I acknowledge that I have read and understood the above information.

Signature: _____ Date: _____

BLUE SKY HEARING

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