

Audiology Doctors of Florida, Corp.

PATIENT INFORMATION: This section refers to the patient only.

Name _____ Address _____

Home Phone () _____ City _____ State _____ Zip _____

Northern Address (if applicable) _____

Northern Phone () _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Sex _____ Marital Status: _____

E-Mail Address _____ SS# _____

Occupation: (If you are currently retired, please list former occupation) _____

Physician _____

PLEASE GIVE ALL INSURANCE CARD(S) TO OFFICE MANAGER FOR COPYING

Briefly, why are you here today? _____

Have you ever been exposed to loud noise? _____

How did you hear about us? _____

Do you or have you experienced any of the following conditions?

Family History of Deafness _____ Repeated ear infections or ear wax problems _____

Ear Surgery _____ Tinnitus/Ear Ringing _____ Sinus Disease _____

Dizziness/Vertigo _____ Headaches _____ Ear pain/drainage _____

Heart Disease _____ Diabetes _____ Hypertension _____

Elevated Cholesterol _____ Visual Impairment _____

Please list all prescription medications (or provide us with a written list) _____

Acknowledgement: I assume full responsibility for the payment of services rendered to me and agree to pay in full for them at the time of delivery. I authorize Audiology Doctors of Florida, Corp. to release any medical information to my primary physician or to my insurance company, in order to process existing insurance claims. I understand I am responsible for any and all costs incurred by my failure to remit for any services rendered. I understand that even though Audiology Doctors of Florida, Corp. accepts assignment for most plans and may assist me in submitting claims to my insurance company, that I am responsible for any and all payments for services rendered, including all insurance co-payments and deductibles. I acknowledge, by my signature that I understand that the Audiology Doctors of Florida, Corp. does accept Medicare Assignment and that I say, by my signature, that I understand what this means. As required by law, Audiology Doctors of Florida, Corp. will submit your Medicare for you.

Signature _____

Date _____

*******PLEASE COMPLETE FOR HEARING PROBLEMS ONLY*******

1. What is your hearing aid experience?

- I have a hearing device and use it regularly on the ___ right ear ___ left ear.
- I have a hearing device, but don't use it, or use it only occasionally.
- I tried a hearing device, but returned it for a refund.
- I have inquired about hearing devices at another office(s), but did not purchase at that time.
- I have never used a hearing device.

2. Please rank the following items on a scale of 1 to 4 in terms of importance to you when purchasing a hearing device.

(1 = Most Important 2 = Important 3 = Somewhat Important 4=Least Important). Please use each number only once.

___ Sound Quality & Clarity ___ Durability/Reliability ___ Cost ___ Appearance

3. What motivated you to come in today?

4. On a scale of 1-10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? (Please circle one)

not motivated 1 2 3 4 5 6 7 8 9 10 very motivated

5. When was your hearing last tested? _____

6. Does your Hearing Seem to be getting worse? _____

7. Is one ear better than the other? _____

Listening Situation	How well do you hear in this situation?			How often are you in this situation?		
	Poor	Fair	Good	Often	Sometimes	Rarely
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings/Lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Social Gathering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiet Room (1 to 2 people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Audiology Doctors of Florida, Corp.

STEVEN D. SEDERHOLM, Au.D. - *Doctor of Audiology*

Characteristics of Amplification Tool (COAT)

Name: _____ Date: _____

E-mail: _____ Audiologist: _____

Our goal is to maximize your ability to hear so that you can more easily communicate with others. In order to reach this goal, it is important that we understand your communication needs, your personal preferences, and your expectations. By having a better understanding of your needs, we can use our expertise to recommend the hearing aids that are most appropriate for **you**. By working together **we** will find the best solution for you.

Please complete the following questions. Be as honest as possible. Be as precise as possible. Thank you.

1. Please list the top three situations where you would most like to hear better. Be as specific as possible.

2. How important is it for you to hear better? Mark an X on the line.

Not Very Important ----- *Very Important*

3. How motivated are you to wear and use hearing aids? Mark an X on the line.

Not Very Motivated ----- *Very Motivated*

4. How well do you think hearing aids will improve your hearing? Mark an X on the line.

I expect them to:

Not be helpful at all ----- *Greatly improve my hearing*

5. What is your most important consideration regarding hearing aids? Rank order the following factors with **1** as the most important and **4** as the least important. Place an **X** on the line if the item has no importance to you at all.

- ___ Hearing aid size and the ability of others not to see the hearing aids
___ Improved ability to hear and understand speech
___ Improved ability to understand speech in noisy situations (e.g., restaurants, parties)
___ Cost of the hearing aids

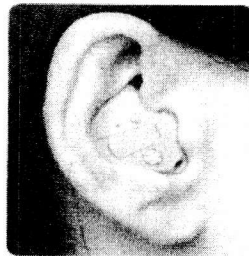
6. Do you prefer hearing aids that: (check one)

- are totally automatic so that you do not have to make any adjustments to them.
- allow you to adjust the volume and change the listening programs as you see fit.
- no preference

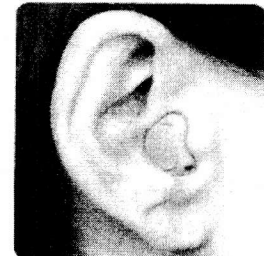
7. Look at the pictures of the hearing aids. Please place an X on the picture or pictures of the style you would **NOT** be willing to use. Your audiologist will discuss with you if your choices are appropriate for you – given your hearing loss and physical shape of your ear.



BTE



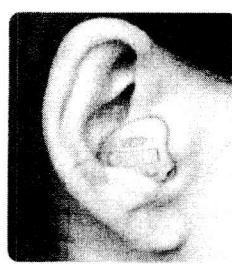
Full Shell



Canal



Mini BTE



Half Shell/
Low profile



CIC

8. How confident do you feel that you will be successful in using hearing aids.

Not Very Confident ----- *Very Confident*

9. There is a wide range in hearing aid prices. The cost of hearing aids depends on a variety of factors including the sophistication of the circuitry (for example, higher level technology is more expensive than the more basic hearing aids) and size/style (for example, the CIC hearing aids are more expensive than the BTE instruments). The price ranges listed below are for **two** hearing aids. Please check the cost category that represents the maximum amount you are willing to spend. Please understand that you are not locked into that price range. It is just very helpful for us to know your budget so that we can provide you with the most appropriate hearing aids.

- Basic digital hearing aids: Cost is between \$2900 to \$3500
- Basic Plus hearing aids: Cost is between \$3500 to \$3900
- Mid-level digital hearing aids: Cost is between \$3900 to \$5500
- Premium digital hearing aids: Cost is between \$5500 to \$7500

**Thank you for answering the questions.
Your responses will assist us in providing you with the best hearing healthcare.**

Audiology Doctors of Florida, Corp.

STEVEN D. SEDERHOLM, Au.D. - *Doctor of Audiology*
Fellow, American Academy of Audiology
Certified by the American Board of Audiology

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PRIVACY PRACTICES ACKNOWLEDGMENT

ACKNOWLEDGMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

NAME: _____ **BIRTH DATE:** _____
(PLEASE PRINT)

SIGNATURE: _____

DATE: _____

I authorize the following individual to obtain information and/or copies of my records in my absence:

Name _____ **Relationship** _____