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Constance Green, Au.D.  
 Board Certified Audiologist

## Welcome to Newsom Eye Hearing Center...

Please tell us about yourself...

**Name** \_\_\_\_\_ **Referred by** \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

State

Zip

**E-mail Address** \_\_\_\_\_ **Cell phone #** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **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.)

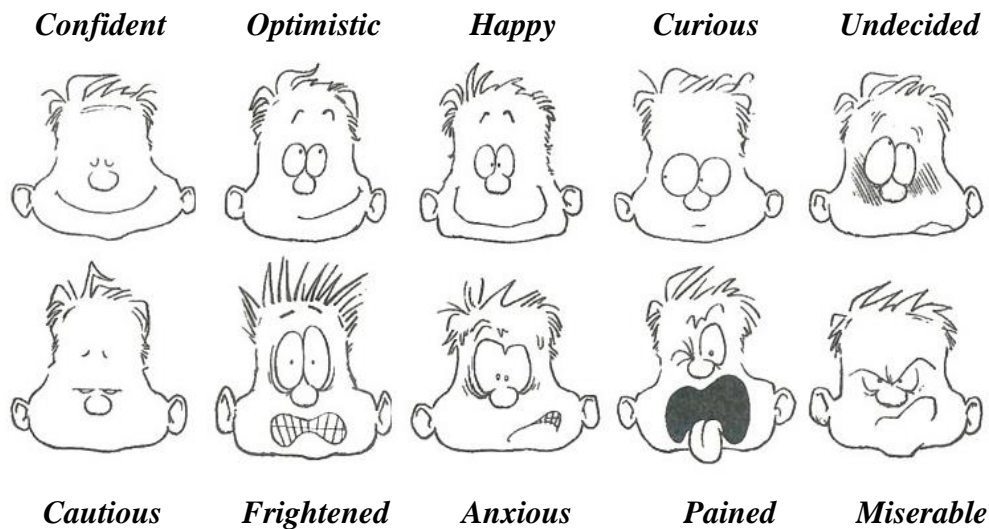
To enable us to provide quality care to you...

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? \_\_\_\_\_
10. Are you taking Coumadin? \_\_\_\_\_ Are you insulin dependent? \_\_\_\_\_

**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 Newsom Eye Hearing Center today...



**Consent to use and disclosure of health information...**

By signing this form, you are granting consent to Newsom Eye 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 \_\_\_\_\_