Thames Hearing Services, Inc.
324 Flanders Road
East Lyme, CT 06333
(860) 739-1864

Patient Name: _____
LAST FIRST MI

Date of Birth: _____
MONTH DATE YEAR

Home Address: _____
STREET TOWN STATE ZIP

Mailing Address: _____
(if different than above)

Primary Care Physician: _____
Referral Source: _____
Employer: _____

Preferred Phone #: _____
Secondary Phone #: _____
Email: _____

INSURANCE INFORMATION:

Name of Subscriber: _____
LAST FIRST MI

Subscriber's Date of Birth: _____
MONTH DATE YEAR

Relationship to Patient: Self / Spouse / Parent or Guardian

Subscriber's Employer: _____

Primary Insurance: _____

Secondary Insurance: _____

************ENSURE THAT WE COPY YOUR INSURANCE CARDS*************

CONFIDENTIAL COMMUNICATION REQUEST:
I prefer to be contacted in the following manner:
____ Phone
____ Text
____ Email

Information may also be disclosed to:

NAME	RELATIONSHIP	PHONE

It is our policy to leave messages with pertinent information, if you prefer that we only leave a call back number please initial here: _____

I have read and understand the attached "Patient Financial Policy" and agree to its terms, as stated. I understand that by signing this form I am accepting financial responsibility for charges incurred.

RELEASE OF INFORMATION:

I authorize my health care provider, and their representatives, to release any information to any insurance carrier for the payment of any claim directly to: Thames Hearing Services, Inc.

SIGNATURE	DATE

Thames Hearing Services, Inc.
324 Flanders Road
East Lyme, CT 06333
(860) 739-1864

Name: _____ **Date:** _____

MEDICAL INFORMATION:

Please list any significant medical history:

_____
_____
_____
_____
_____

MEDICATION LIST:

Include: Prescriptions, Over-the-Counter, Herbals and Vitamin/Mineral/Dietary Supplements	**Dosage:** (in mg)	**Frequency:** (daily/AM/PM)	**Route:** (Oral/Shot/ Patch)

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ACKNOWLEDGEMENT FOR RECEIPT OF NOTICE OF PRIVACY PRACTICES

Note: You may refuse to sign this Acknowledgement

I have reviewed and received a copy of this office's Notice of Privacy Practices

_____

Signature of Patient or Personal Representative Printed Name Date

****

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement
of our Notice of Privacy Practices,
but acknowledgement could not be obtained because:

Individual refused to sign
Communication barriers prohibited
An emergency prevented us
Other: _____

Thames Hearing Services, Inc.

New Patient History:

Name: _____ **Date:** _____

1. Have you had a sudden change in your hearing? YES NO
2. Do you have any ear pain or drainage? YES NO
3. Have you ever had to have earwax medically removed? YES NO
4. Do you have any sinus or allergy problems? YES NO
5. Have you ever been treated by an Otolaryngologist (ENT Physician) for ear disease or had any ear surgery? YES NO
6. Do you experience any vertigo, dizziness or have problems with balance? YES NO
7. Are there family members with hearing loss? YES NO
8. Have you ever worked in a noisy occupation or served in the military? YES NO
9. Do you participate in any recreational activities that are potentially noise hazardous (i.e. shoot guns/rifles, attend concerts/ sporting events, use lawn equipment)? YES NO
10. Do you use hearing protection when in and around high noise? YES NO
11. Do you experience any tinnitus (ear/head noises)? YES NO
12. Are you particularly bothered by loud noise? YES NO
13. Have you had any cardiovascular (heart) problems? YES NO
14. Are you on any anticoagulants (blood thinners)? YES NO

15. Do you have any neurologic disorders (i.e. seizures, dementia, Alzheimer's, stroke, MS)? YES NO

16. Do you have any endocrine disorder (i.e. diabetes, thyroid condition)? YES NO

17. Do you have kidney disease? YES NO

18. Have you ever been treated for cancer? YES NO

19. Have you ever been diagnosed with Lyme Disease? YES NO

20. Is there a history of head trauma or concussion? YES NO

21. Do you suspect any memory loss/cognitive decline? YES NO

22. Do you suffer from low vision, despite use of glasses? YES NO

Is there any other additional information that Audiologist should be aware of?