



Dear Patient,

Welcome!

Thank you for choosing Hamm Hearing Aid Center. I am excited to welcome you and provide you with the highest quality of services, products and attention that you deserve.

To save time in our office, we encourage you to complete the attached paperwork before your appointment. Please provide as much detail as possible.

If you have any questions about your appointment, please do not hesitate to contact us at (910) 792- 0011.

Sincerely,

Hamm Hearing Aid Center
John Clell Hamm

hammhearingaids.com

1608 Wellington Avenue Wilmington, North Carolina 28401 t 910.792.0011 f 910.792.6776
3705 Henderson Drive Jacksonville, NC 28546 t 910.353.0900

[Download Forms](#)

Patient Information

Last Name: _____ First Name: _____ MI _____

Mailing Address: _____

City: _____ Zip Code _____

Phone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Male: _____ Female: _____ Single: _____ Married: _____ Widowed: _____

Patient SS# _____ Birthdate: _____

(We request your SS# to assist with insurance filing. If there is a problem with your insurance we will need your social security number to correct the problem. If we do not have the number on file you will be responsible for the full bill and for filing your own insurance).

Insurance Information

[We will copy your insurance cards at the time of your visit.](#)

Primary Insurance Company: _____

Secondary Insurance Company: _____

Subscriber (if other than patient) Information: _____

Name: _____ DOB: _____

SS#: _____

Primary Concern

Name: _____ Age: _____ Date: _____

Occupation (current or past) _____

Primary Concern

Hearing Loss	Right Ear _____	Left Ear _____	Both Ears _____
Difficulty Hearing	In Quiet _____	In Noise _____	On the Phone _____
Tinnitus/Ringing	Right Ear _____	Left Ear _____	Both Ears _____
	Constant _____	Intermittent _____	

Other : _____

How long have you had these concerns: _____

Medical History

Yes	No	
___	___	Will this be your first hearing test? <i>If no, when and where was last test?</i> _____
___	___	Have you ever had ear surgery? If yes, please explain: _____
___	___	Is this work related injury or exposure? If yes, date of injury or exposure _____
___	___	Did you experience a sudden change in hearing? If yes, explain: _____
___	___	_____
___	___	Do you have ear pain?
___	___	Has a doctor ever removed ear wax from your ears? If yes, when _____
___	___	Is there a history of hearing loss in your family? If yes, who: _____

Have you ever been exposed to loud noise, either currently or in the past? Yes _____ No _____

If yes, what type:

Farm machinery _____	Music _____	Hunting/shooting _____
Factory Noise _____	Power Tools _____	Military _____

Hearing History

Without Hearing Aids

Yes ___ No ___ Do you find yourself asking people to repeat what they have said?
Yes ___ No ___ Do you sometimes hear the words with understand them?
Yes ___ No ___ Do you have more difficulty if you cannot see the speaker?
Yes ___ No ___ Do you have more difficulty hearing because of background noise
Yes ___ No ___ Do others complain that the TV is too loud?

With Hearing Aids

Yes ___ No ___
Yes ___ No ___
Yes ___ No ___
Yes ___ No ___
Yes ___ No ___

Listening Situations

In which situations would you like to hear better? *Check all that apply.*

___ One on One Conversation
___ Small Groups
___ Meetings
___ Movies/Theater

___ Large Groups
___ Religious Services
___ Television
___ Telephone

___ Workplace
___ Car
___ Outdoors
___ Other

Hearing Preferences and Expectations

Hearing in Quiet ___ Very Important ___ Slightly Important ___ Neutral ___ Unimportant
Hearing in Noise ___ Very Important ___ Slightly Important ___ Neutral ___ Unimportant
Hearing Aid Expense ___ Very Important ___ Slightly Important ___ Neutral ___ Unimportant
Cosmetic Appearance ___ Very Important ___ Slightly Important ___ Neutral ___ Unimportant

How confident are you in the knowledge regarding hearing aid technology?

___ Very Confident ___ Somewhat Confident ___ Neutral ___ Not Confident

How much benefit do you expect to gain from hearing aids?

___ Significant Benefit ___ Moderate Benefit ___ Neutral ___ No Benefit

How motivated are you to wear hearing aids?

___ Highly motivated ___ Slightly motivated ___ Neutral ___ Not Motivated

How confident are you that you will be successful with hearing aids?

___ Very Confident ___ Somewhat Confident ___ Neutral ___ Not Confident

Hearing Aid Preferences

Would you prefer hearing aids that:

Are completely automatic so that you do not have to make any adjustments?

Allow you to adjust the volume and make program changes as needed

Not sure or no preference

If results show that hearing aids would be beneficial, are you ready??

Please rate your readiness on this 1-10 scale

Not Ready 1 2 3 4 5 6 7 8 9 10 Very Ready

Current Hearing Aid Users

How long have you worn hearing aids? _____

Do you wear one or two? _____

How old are your current aids? _____

How often do you wear your hearing aids? _____

What do you like about your hearing aids? _____

What would you like to improve about your hearing aids? _____