

## HEARING AID HISTORY

Please read the following list. Check the appropriate areas in which you feel your current hearing aids need improvement.

Visibility _____	Telephone Use _____
Background Noise _____	Wind Noise _____
Feeling Stopped Up _____	Feedback (squealing) _____
Understanding in Quiet _____	Understanding in Noise _____
Soft Sounds Too Soft _____	Loud Sounds Too Loud _____

## HEARING AID INFORMATION

Age of hearing aid: \_\_\_\_\_

Where purchased: \_\_\_\_\_

## OFFICE USE ONLY:

	RIGHT	LEFT
Brand	_____	_____
Model	_____	_____
SN	_____	_____
Battery Size	_____	_____