

HEARING AID HISTORY

Name: _____ Date: _____

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

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

Hearing Aid Information:

Age of Hearing Aid _____

Where Purchased _____

Office Use Only:

RIGHT

Brand _____

Model _____

SN _____

Battery Size _____

LEFT

Brand _____

Model _____

SN _____

Battery Size _____

HEARCARE, INC.  ASSOCIATES