

# HEARING & BALANCE

DOCTORS

## Patient Registration

---

Patient's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_ Marital Status \_\_\_\_

Spouse or Relative \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Referring Physician \_\_\_\_\_ Dr. Phone # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Dr. Phone # \_\_\_\_\_

---

Primary Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_ Date of Birth \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_ Date of Birth \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

---

## For patients under 18 years of age

Responsible Party \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

---

How did you hear about us?  Friend \_\_\_\_\_  Doctor \_\_\_\_\_  
 Newspaper  Mail  Phonebook  Seminar  Website  Other \_\_\_\_\_

---

### Please Initial

\_\_\_\_\_ I certify this information is true and correct to the best of my knowledge, and I hereby consent to treatment by the providers of Hearing & Balance Doctors of Utah. I understand that diagnostic testing done will be billed to my insurance I have read the terms and conditions of the Billing Agreement and the Notice of Privacy Practices, and hereby agree to abide to all terms and conditions as outlined. I hereby authorize the release of all pertinent information including diagnosis, examination records and treatment records to authorized persons. These records will be held in strict confidence and are not available to unauthorized persons. Hearing and Balance Doctors of Utah may use my home address and/or e-mail address to communicate current and future technology updates and offers related to my treatment.

\_\_\_\_\_ I understand that Cerumen (wax) removal from the ear canal is not eligible for reimbursement by my insurance. There is a \$25 charge per ear for minimal/marginal wax levels, a \$50 charge per ear for severe wax levels and a \$100 charge per ear for significantly compacted wax levels.

---

Signed \_\_\_\_\_ Date \_\_\_\_\_

**This page is for  
MEDICARE PATIENTS ONLY**

**\*\*Check all that apply to your habits and lifestyle:**

Drink caffeinated drink  
How much? \_\_\_\_\_

Drink alcohol  
How much? \_\_\_\_\_

Smoke  
How much? \_\_\_\_\_

**\*\*Please list below, or attach a list, of all medications you currently take, including prescription, over the counter, herbals, vitamins & supplements. If attaching a list, please follow the format shown below.**

Medication	Dosage	Frequency	Route(ie: oral,injection...)

Not currently taking any medications  Medication list attached  Patient did not provide list of medications

<p><b><i>For office use only</i></b>          Medications reviewed by: _____  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Provider Initials</span> <span>Date</span> </div> </p>
---

**\*\*IF YOU DO NOT HAVE TINNITUS (RINGING, BUZZING, HUMMING IN THE EARS) SKIP TO NEXT SECTION**

- Are you basically satisfied with your life? YES/**NO**
- Have you dropped many of your activities and interests? **YES**/NO
- Do you feel that your life is empty? **YES**/NO
- Do you often get bored? **YES**/NO
- Are you in good spirits most of the time? YES/**NO**
- Are you afraid that something bad is going to happen to you? **YES**/NO
- Do you feel happy most of the time? YES/**NO**
- Do you often feel helpless? **YES**/NO
- Do you prefer to stay at home, rather than going out and doing new things? **YES**/NO
- Do you feel you have more problems with memory than most? **YES**/NO
- Do you think it is wonderful to be alive now? YES/**NO**
- Do you feel pretty worthless the way you are now? **YES**/NO
- Do you feel full of energy? YES/**NO**
- Do you feel that your situation is hopeless? **YES**/NO
- Do you think that most people are better off than you are? **YES**/NO

**SCORE 1 POINT FOR EACH BOLDED ANSWER** \_\_\_\_\_