Eldorado Audiology & Hearing Center
5 Caliente Road #5
Santa Fe, NM 87508
Phone: (505) 466-7526
Fax: (505) 466-7528
Web: eldoaudiology.com

Patient History

Patient's Name: _____ / _____ / _____ Preferred Name: _____ Date: _____
First M.I. Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Date of Birth: _____ Male or Female (E-Mail) _____

Occupation: _____ If retired, what type of work did you do? _____

Marital Status: ___ Single ___ Married ___ Widowed

Name of Spouse/Observing Party & Relationship: _____

Name of Family Physician: _____ Phone: _____

Permission to release copy of test information to Physician? ___ Yes ___ No

How did you hear about us?

__ Mail __ Phone __ Radio __ Newsletter __ Web __ Yellow Pages __ TV __ Physician __ Referral

Other: _____

Confidential Patient Information

Medical History:

Will this be your first hearing test? ___ Yes ___ No

If no, when was your last test? _____

Has an ear physician examined you in the last 6 months? ___ Yes ___ No

Have you ever had ear surgery? ___ Yes ___ No

Do you have a history of ear infections? ___ Yes ___ No

Do you have a history of exposure to loud noises? ___ Yes ___ No

Do you have any family history of hearing loss? ___ Yes ___ No