The Hearing Solution

New Patient History Form

Cochlear Implants

Name _____ Date _____
First MI Last

Preferred Name _____ Date of Birth _____ Age ____

Family/Primary Care Physician _____ Gender ☐ M ☐ F ☐ Self-Described

Marital Status ☐ Single ☐ Divorced ☐ Widowed ☐ Married Spouses Name _____

Email _____

Primary Phone _____ ☐ Home ☐ Cell ☐ Work ☐ Other

Secondary Phone _____ ☐ Home ☐ Cell ☐ Work ☐ Other

How would you prefer we contact you? ☐ Email ☐ Text ☐ Call Primary

Your Mailing Address _____
Street City State Zip

How did you hear about The Hearing Solutions CI services?

_____

Do you currently have a CI or bone conduction device?

☐ No ☐ Yes–Cochlear America ☐ Yes–Advanced Bionics ☐ Yes–Med-El ☐ Yes–Oticon Medical
☐ Yes–Other _____

What CI services do you currently need?

_____

_____

Do you have Medicare? ☐ Yes ☐ No

Primary Insurance _____ Insurance ID _____

Secondary Insurance _____ Insurance ID _____

Which ear has a CI? ☐ Right ear only ☐ Left ear only ☐ Both ears (bilateral) ☐ Neither ear

Cochlear Implant History

CI surgeon, hospital, date of surgery and any major complication: _____

_____

What is the CI brand? ☐ Advanced Bionics ☐ Cochlear™ Americas ☐ Med-El ☐ Oticon-Medical
☐ Other _____

Which AB sound processors do you currently use?
☐ Marvel ☐ Naida ☐ Harmony™ ☐ Neptune™ ☐ Chorus™ ☐ PSP ☐ Other _____

Which Cochlear sound processors do you currently use?
☐ Nucleus® 8 ☐ Kanso 2 ☐ Nucleus® 7 ☐ Kanso ☐ Nucleus® 6 ☐ Nucleus® 5 ☐ Other _____

Which Med-El sound processors do you currently use?
☐ Sonnet 2 ☐ Sonnet ☐ Rondo 2 ☐ Rondo ☐ Opus 2 ☐ Other _____

Which Oticon-Medical sound processors do you currently use?
☐ Neuro 2 ☐ Neuro 1 ☐ Saphyr® ☐ Other _____

Name of the audiologist and clinic where more recent CI mapping was done: _____

Ex: Rachel Bellotti, Au.D., at The Hearing Solution in Sacramento, California

Email address of the CI audiologist: _____

example@example.com

Any issues or concerns you have about your current CI audiologist/clinic: _____

_____

Is any of your CI equipment currently broken or not working correctly? _____

_____

Have you ever had a CI surgically removed? ☐ Yes ☐ No

Cause of hearing loss: _____

_____

Ex: loud noise exposure, genetics, unknown

Age when hearing loss was first detected: _____

_____

Ex: 35 years old for the right ear and 50 years old for the left ear

Age when hearing loss became severe-profound: _____

_____

In other words, what age were you when you first qualified for a cochlear implant?

Health Concerns and Changes

Have you ever used a hearing aid in either ear? When and for how long? _____

_____

Ex: From age 30 to 50 in the right ear and never in the left ear

Do you have any medical or mental health conditions you would like us to know about or that may affect your CI care?

_____

_____

Have you had any recent or significant changes to your overall health or well-being? _____

_____

Are you currently experiencing any of the following:

- ☐ Ear pain
- ☐ Pressure of fullness in the ear(s)
- ☐ Ear infection(s)
- ☐ Drainage from your ear(s)
- ☐ A recent head trauma
- ☐ Ringing/buzzing/tinnitus in your ear(s)
- ☐ Sudden/progressive hearing loss in the last 90 days

If you answered “Yes” for any of the above issues, please explain further:

_____

_____

_____

_____

Optional: Hearing Performance

What environments or situations would you like to hear better in? _____

_____

Make a list of the loved ones you communicate with most often: _____

_____

Are you interested in any of the following audio streaming technologies?

☐ iPhone® ☐ Android™ ☐ Landline phone ☐ Desktop computer ☐ Laptop, tablet or iPad® ☐ FM

☐ Television ☐ Telecoil and loop system ☐ Remote microphone (i.e., a microphone someone else wears)

☐ Other _____

	No Difficulty	Slight Difficulty	Moderate Difficulty	Very Much Difficulty	Not Relevant
One-on-one conversation	☐	☐	☐	☐	☐
Conversations in small groups	☐	☐	☐	☐	☐
Outdoors	☐	☐	☐	☐	☐
Concerts/theaters	☐	☐	☐	☐	☐
Place of worship/ lecture halls	☐	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐	☐
In a car	☐	☐	☐	☐	☐
Landline phone	☐	☐	☐	☐	☐
Cellphone	☐	☐	☐	☐	☐
Restaurants	☐	☐	☐	☐	☐