

# INTAKE FORM



## Raritan Valley Audiology, LLC

Dr. Farah M.H. Said, Au.D.  
215 Union Ave, Suite C  
Bridgewater, NJ 08807  
908-248-HEAR

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Gender: M / F Email address: \_\_\_\_\_

Permission for emailed reports/updates: Y / N

Reason for visit today: \_\_\_\_\_

How did you hear about RVA?  Newspaper  Friend  Internet  Physician

Other (describe) \_\_\_\_\_

Last hearing test (year and location) \_\_\_\_\_

Primary Care Physician (Name and City/State) \_\_\_\_\_

Please check all that apply:

History of ear infections (how often and most recent) \_\_\_\_\_

Tinnitus (ringing/roaring/buzzing sounds in the ear)

Constant

Intermittent

Exposure to loud noise (describe) \_\_\_\_\_

Dizziness/Vertigo (describe) \_\_\_\_\_

Allergies (describe) \_\_\_\_\_

Serious illness/accident/hospitalization (describe) \_\_\_\_\_

Family history of hearing loss (who?) \_\_\_\_\_

Any significant ear history (surgery, treatment) \_\_\_\_\_

Medications \_\_\_\_\_

Diabetes,  High Blood Pressure,  Kidney disease,  Heart Disease,  Cancer

Difficulty hearing and/or understanding:

One/One conversation  Conversing in group  TV  Telephone (cell or home)

Do you hear better in the  Right ear,  Left ear,  No noticeable difference