HearSmart
Hearing Solutions

PATIENT DETAILS : PLEASE COMPLETE THIS FORM AND HAND TO RECEPTIONIST

Date of Registration: _____

Title: Dr ❑ Mr ❑ Mrs ❑ Ms ❑ Mst ❑ Miss ❑ Prof ❑ Sr ❑ Fr ❑

Surname: _____ Date of Birth: _____

Given Names: _____

Residential Address: _____ Postcode _____

Contact Number: _____

Email Address: _____

❑ Pension No: _____ ❑Veteran Affairs No: _____

❑ Medicare No: _____ / Ref: _____

GP's Name and Address: _____

_____

How did you hear about us? _____

❑ I agree to receive marketing material

Would you like Hearsmart to send a report to your Doctor? ❑ Yes ❑ No

Alternative contact : (in case of unexpected cancellations)

Name _____ Relationship to Patient: _____

Contact Number: _____

Do you experience any of the following?

Dizziness or Unsteadiness	yes ❑	no ❑
Family History of Hearing Loss	yes ❑	no ❑
Head Injury	yes ❑	no ❑
Noise Exposure	yes ❑	no ❑
Previous Ear Surgery	yes ❑	no ❑
Tinnitus	yes ❑	no ❑
Vision Problems (excluding glasses)	yes ❑	no ❑
Are you on Blood Thinning Medication	**yes ❑**	**no ❑**

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1. If you have a hearing loss, how long have noticed this? _____

2. Have you had a hearing test before? _____

3. Do you have difficulty understanding: TV ❑ Phone ❑ Conversations ❑

4. How important is it for you to improve how you hear, understand, or communicate with others RIGHT NOW (1: not important, 10: very important) *Please mark on the line*

   1_____5_____10

5. How confident are you in your own ability to use and take care of hearing aids if they are recommended? (1: Not confident, 10: very Confident) *Please mark on the line*

   1_____5_____10

6. What situations would you most like hearing aids to help you with (if recommended)?

   Conversations with family or friends ❑ TV ❑ Music ❑ Telephone ❑

   In the car ❑ Places of worship ❑ Other: _____

7. Tick all that apply:

   _____ I am not ready for hearing aids currently.

   _____ I have been thinking that I might need hearing aids.

   _____ I have started to seek information about hearing aids.

   _____ I am ready to wear hearing aids if they are recommended.

   _____ I currently wear hearing aids.

Any additional comments or questions for your audiologist:

_____

_____

By signing below, you consent to the collection, use and disclosure and handling of your personal information in accordance with the Privacy and Consent Notice. (As below)

Signature of patient _____ Date: _____

PRIVACY NOTICE AND CONSENT INFORMATION

PRIVACY POLICY: At Hearsmart, it is our policy to respect the confidentiality of information and the privacy of individuals and the individual's right to access personal information we hold. Our privacy policy is bound by the information Privacy Principles contained in the Privacy Act (Cth). Hearsmart follows the Australian Privacy Principle 5 (APP 5) (updated Privacy Act 1988 (Cth)) and Guidelines for Federal and ACT Government Websites produced by the Office of Federal Privacy Commissioner. When you visit Hearsmart for a hearing test, with your consent, we collect personal information which will be used by us for Quality Hearing Care. We understand that you are happy for us to retain your information for these purposes. If you have any questions or complaints, please contact us.