

Date: \_\_\_\_\_



MAIN OFFICE AND SURGICAL CENTER:  
43309 US Highway 19 N  
Tarpon Springs, FL 34689

TOLL-FREE: 800.282.9905  
LOCAL: 727.938.2020  
FAX: 727.938.5606

WEB: StLukesEye.com

## PATIENT HEARING QUESTIONNAIRE

Medical studies and our own experience shows that in many cases, people with eye conditions or certain health conditions are much more likely to experience hearing loss. St. Luke's offers clinical hearing services as part of our overall patient care.

*Please bring this completed form with you when you check in.*

Please circle "Yes" or "No"

- |                                                                                       |     |    |
|---------------------------------------------------------------------------------------|-----|----|
| 1. Do you have difficulty following conversations in groups or noisy situations?..... | Yes | No |
| 2. Do others complain that you watch television with the volume too high? .....       | Yes | No |
| 3. Do you frequently have to ask others to repeat themselves? .....                   | Yes | No |
| 4. Do you have difficulty understanding women's or children's voices? .....           | Yes | No |
| 5. Does it often seem like others are mumbling when they talk to you? .....           | Yes | No |

If you said "yes" to at least one of the questions above and suspect you are having a problem hearing or understanding speech, you owe it to yourself and your loved ones to have your hearing checked. If this is the case, would you like to schedule a **FREE complete hearing evaluation**? \_\_\_ Yes \_\_\_ No

- We ask that you bring the person with you who normally accompanies you on your healthcare visits.
- During the hearing evaluation, the hearing specialist will perform a complete workup. This includes a visual inspection of the ear to check for wax impaction, signs of infection and any other abnormality.

If yes, please complete the following:

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ What is the best time to call? \_\_\_\_\_ am / pm

**FOR OFFICE USE ONLY:** Location (circle one): TS BP SH SP T • Chart No. \_\_\_\_\_