

General Health Questionnaire

PLEASE CHECK ALL THAT APPLY

AIDS/HIV
Anxiety
Arthritis
Bleeding Disorders
Cardiovascular Disease
Cancer / Chemotherapy
COVID-19 / Long Haul COVID-19

Depression
Dementia/Memory Loss
Diabetes
Genetic Disorders
Head Injury
High Blood Pressure
Meniere's Disease

Meningitis
Neurological Disorder
Pacemaker
Stroke
TMJ
Visual Disability

Additional Comments

EAR HEALTH QUESTIONNAIRE Y N ADDITIONAL COMMENTS

Tinnitus/Ringing/Noises
Aural Fullness
Dizziness or unsteadiness
Perforations
Ear Deformity
Ear Drainage
Ear Pain
Family History of Hearing Loss
History of Ear Infections
History of Noise Exposure
Ear Surgery
Ear Bleeding, Wax, Foreign Body
Steroid Treatment(s)
I.V. Antibiotics
Recent Hospitalization/Surgery
Disabilities/Dexterity

(Initial Here) By initialing this section and signing below, I acknowledge that I received a copy of the Audiology of Nassau County, PLLC Notice of Privacy Practices.

(Initial Here) By initialing this section and signing below, I agree to accept the financial policies of Audiology of Nassau County, PLLC. I understand that payment in full is due on the date of service, including all co-pays, co-insurance, deductibles, and payment for non-covered services.

Signature of Patient or Guardian: _____ Date: _____