



Hearing Solutions of Louisiana, LLC  
1327 Stelly Lane, Suite C, Sulphur, LA 70663 (337) 528-7842

Patient Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male or Female Marital Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Policy & Group# \_\_\_\_\_

Name & Date of Birth of Policy Holder \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy & Group # \_\_\_\_\_

Name & Date of Birth of Policy Holder \_\_\_\_\_

Spouse or Responsible Party \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Nearest Relative NOT Living at Same Address \_\_\_\_\_ Relation \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone (Cell) \_\_\_\_\_

**AUTHORIZATION FOR ASSIGNMENT OF INSURANCE CLAIMS AND RELEASE OF MEDICAL RECORDS IS HEREBY GIVEN. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Family Physician: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

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

Who may we discuss your results with? \_\_\_\_\_

## Information About Your Dizziness

When did your symptoms start? \_\_\_\_\_

How would you describe them?

\_\_\_\_\_

\_\_\_\_\_

How often do they occur? \_\_\_\_\_

Does anything happen in conjunction with your dizziness? \_\_\_\_\_

Does anything make it better/worse? \_\_\_\_\_

Does anyone in the family have similar symptoms? \_\_\_\_\_

Did anything happen before your original episode? \_\_\_\_\_

Have you started any new medications recently? \_\_\_\_\_

If so, please list. \_\_\_\_\_

Have you ever had any of the following: (Please Circle)

... light headedness ... spinning ... motion sickness ... dizziness provoked by head movement  
... head injury ... swimming sensation in head ... blurred vision  
... meningitis ... scarlet fever ... seizures ... vision problems ... arthritis  
... measles ... tuberculosis ... injury to head ... allergies ... depression/anxiety  
... mumps ... diabetes ... high fevers ... pacemaker  
... communicable disease ... high blood pressure

Have you fallen due to your dizziness? \_\_\_\_\_ If so, how many times? \_\_\_\_\_

Do you have any other ear problems? \_\_\_\_\_

Do you feel like you have hearing loss? \_\_\_\_\_

Do you notice any buzzing, ringing, or roaring in your ears? \_\_\_\_\_