DION HEARING CENTRE

Client Registration

First Name: _____ Initial: _____ Surname: _____

DOB (DD/MM/YYYY): ____/____/____ Health Card #: _____ VC: _____

App/unit: _____ Street #: _____ Street: _____

City: _____ Province: _____ Postal Code: _____

Tel (Home): _____ Tel (Cell): _____

Email address will be for appointment reminders and offers.

Email: _____ How did you hear about us?: _____

Family Physician:_____ Physician Tel: _____

Physician Address: _____ City: _____ Postal Code:_____

Third Party healthcare benefits:

Veteran Affairs: ☐ WSIB: ☐ ODSP: ☐ Green Shield: ☐ Program #: _____

Consent For Personal lnformation

I authorize Dion Hearing Centre to collect and use my personal information, including personal health information, This would include the results of my hearing test, my contact information, my health card number, and prescribed treatment.

Under no circumstance will we sell patient information to third parties

Signature: _____ Date: _____

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Client Medical History Form

Name: _____ Date: _____

Have you ever been referred to an Ear, Nose, and Throat Doctor? Yes ☐ No ☐

Do you have ringing or buzzing in your head? Right ☐ Left ☐ Both ☐ No ☐

Do you experience numbness or tingling in your face? Yes ☐ No ☐

Have you ever experienced dizziness/vertigo? Yes ☐ No ☐

Is there a family history of hearing loss? Yes ☐ No ☐

Do you have a history of excessive noise exposure? Yes ☐ No ☐

Do you take medications regularly? Yes ☐ No ☐

Have you ever had a hearing test? Yes ☐ No ☐

Do you have difficulty hearing conversation? Yes ☐ No ☐

Do you have trouble hearing in background noise? Yes ☐ No ☐

Do you have trouble following group Conversation? Yes ☐ No ☐

Do others tell you the radio or television is loud? Yes ☐ No ☐

Do you currently wear hearing aids? Yes ☐ No ☐

How old?: _____ List any issues/difficulties with aids: _____

Medical History:

Arthritis	☐	Heart Problems	☐	Multiple Sclerosis	☐
Measles	☐	High Blood Pressure	☐	Meningitis	☐
Diabetes	☐	Cancer	☐	Head Injury	☐
Blood disorder	☐	Stroke	☐		

Please list any other challenging listening situations: _____

_____

226-674-1127 www.dionhearing.com