

Client Details



1 ABOUT YOU

Title: ☐ Mrs ☐ Mr ☐ Ms ☐ Dr ☐ Miss ☐ Mx ☐ Other _____

First Name: _____ Last Name: _____

Preferred Name: _____ Preferred Pronoun: _____

Gender: _____ Date of Birth: _____

2 CONTACT DETAILS

Phone: _____ Email: _____

Address: _____

3 OTHER INFORMATION

GP Practice: _____ GP Suburb: _____

GP Name: _____

1 Do you have a Pensioner Concession Card? → 2 If yes, CRN:
☐ Yes ☐ No _____

1 Do you have a Veteran Gold Card or Veteran White Card for hearing loss? → 2 If yes, card type and number:
☐ Yes ☐ No _____

1 Do you have Private Health Insurance? → 2 If yes, Health Fund:
☐ Yes ☐ No _____

1 Are you of Aboriginal or Torres Strait Islander origin? ☐ Yes ☐ No

1 Are you on NDIS (National Disability Insurance Scheme?) ☐ Yes ☐ No



2 If yes, Plan Type: ☐ Self Managed ☐ Plan Managed ☐ NDIA (Agency) Managed

NDIS Number: _____

Plan Start Date: _____ Plan End Date: _____

4 HOW DID YOU HEAR ABOUT US? _____

5 ADDITIONAL CONTACT *(If Applicable)* _____

Relationship: _____ Name: _____

Phone: _____ Email: _____

Would you like your additional contact to be used as the primary contact? ☐ Yes ☐ No

Is this person your Power of Attorney or Enduring Power of Attorney? ☐ Yes ☐ No

6 PREVIOUS OR CURRENT HEARING PROFESSIONALS *(If Applicable)* _____

Please provide details of any previous or current hearing healthcare professional, such as ENT specialist or audiologist:

Name: _____ Practice: _____

Comments: _____

7 PRIVACY POLICY _____

View our Privacy Policy: www.earscience.org.au/about-us/policies/privacy-policy/

At Ear Science Institute Australia, we take the protection of your personal information seriously. We collect certain personal information from you in order to provide you with the best possible audiological care and support through services and products.

Our Privacy Policy sets out the type of information that we may collect about you, the purposes for which we collect it and how we store, use and disclose your personal information.

Optional Communications

We'd like to keep you informed about hearing health, our services and the work of Ear Science Institute Australia. Please select any communications you would like to receive:

I consent to receiving documentation by email (e.g. results, reports, quotes, etc.) ☐ Yes ☐ No

I would like to receive news, updates and information about services, research and events from Lions Hearing Clinic and Ear Science Institute Australia by:

SMS: ☐ Yes ☐ No | **Email:** ☐ Yes ☐ No | **Post:** ☐ Yes ☐ No

You can change your preferences or unsubscribe from these communications at any time by contacting us.

8 AUTHORISATION AND CONSENT _____

I confirm that the details I have provided on this form are correct and I acknowledge I have read, understood and agree to the handling of my personal information as set out in the [Privacy Policy](#). I acknowledge that all debts owed in relation to the provision of services and that all expenses incurred in recovering any debt owed for the provision of services are my responsibility.

Name (Print): _____

Signature: _____ Date: _____

Hearing History

1 REASON FOR ATTENDING

	Y	N	Comments
Do you have any hearing concerns? <i>If yes, please describe in comments.</i>	☐	☐	
Do you currently use hearing devices?	☐	☐	
Do you hear better from one ear or the other?	☐	☐	
Have you noticed changes in your hearing?	☐	☐	
Do you have any medical history related to your ears such as ear infections, ear surgeries or trauma?	☐	☐	
Do you have tinnitus (ringing, buzzing or noise in your ears)?	☐	☐	
Have you been exposed to excessive noise levels?	☐	☐	
Do you have any family history of hearing loss?	☐	☐	
Have you experienced vertigo or dizziness?	☐	☐	
Have you experienced head trauma?	☐	☐	

2 MEDICAL BACKGROUND

Please advise if you are aware of any concerns with the following:

☐ Memory or Cognition ☐ Dexterity ☐ Vision Impairment ☐ Other _____

Please tick all that apply:

☐ Diabetes ☐ Cardiovascular/Blood Pressure Issues ☐ Chemotherapy/Radiation Therapy
☐ Arthritis ☐ Stroke

On a scale of 1 to 10, how would you rate your overall hearing ability?

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
(Poor) (Excellent)

On a scale of 1 to 10, how important is it for you to improve your hearing right now?

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10
(Not important at all) (Very important)