CHAPA
COLLEGE OF HEARING AID PRACTITIONERS OF ALBERTA

Date _____

Name _____

Phone _____ Cell _____

PHN _____ DOB _____

Address _____

City _____ Postal Code _____

Doctor _____

Clinic _____

Previous Test? _____ When? _____

Results? _____

Current concern? _____

Sudden or gradual hearing loss? _____

Is one ear better than the other? _____

Tinnitus present? _____ Which ear? _____

Vertigo or Nausea? _____

Family History of Hearing loss? _____

History of Infections? _____

Ear/nose or throat surgeries? _____

Current Medications? _____

Any head traumas? _____

Occupation ? _____ Noise? _____

Recreational Noise? _____

Military Services? _____

Other Concerns? _____

Hearing Aids Worn? _____ How long? _____

Intake completed by: _____