



Main Office 142 E. Ontario St. Suite 1100 Chicago, IL 60611 312.263.7171	Fox Run Square 1212 S. Naper Blvd. Suite 103 Naperville, IL 60540 630.369.8878	Oakbrook Mall 120 Oakbrook Ctr. Suite 709 Oak Brook, IL 60523 630.571.7111	Highland Park 185 Skokie Valley Rd. Crossroads Shopping Ctr. Highland Park, IL 60035 847.681.7000	Resurrection Medical Ctr. 7447 W. Talcott Ave. Suite 360 Chicago, IL 60631 773.466.8878
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NEW PATIENT INFORMATION PACKET

Thank you for scheduling your appointment with our office. We look forward to meeting you. *We have reserved this time especially for you.* If you need to reschedule or cancel, please let us know as soon as possible as we have a waiting list of patients who would like to come in sooner. If you have any questions or need directions to our office, please feel free to call us at:

CHICAGO 312-263-7171	NAPERVILLE 630-369-8878	OAK BROOK 630-571-7111	HIGHLAND PARK 847-681-7000	RESURRECTION 773-466-8878
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APPOINTMENT DATE: _____ **APPOINTMENT TIME:** _____

Please take a moment and complete the enclosed papers and bring them with you for your appointment.

IMPORTANT REMINDERS-

1. Bring the person you communicate with the most on a daily basis- spouse, family member or friend- with you to your appointment.
2. Bring a list of your current medications and what they are for.

Best practices, and our doctors, find it beneficial to get an objective assessment of your hearing/balance issues and difficulties. **Our doctors require a familiar voice during the evaluation to assess how your brain processes sound, your ability to hear voices in noise, and your ability to respond in real-life situations.** Most people bring the person they spend the most time with in their life.

We look forward to seeing you!

~ *The Hearing Health Center Team*

ABOUT HEARING HEALTH CENTER

Hearing Health Center has been providing hearing health care and treatment to our community for over 30 years. We are known for our skill and expertise in identifying hearing and balance problems, offering a wide variety of treatment options, helping you chose the right solution, and outstanding service. We have won awards from multiple Organizations and the State of Illinois for always going “above and beyond.”

Our Doctors of Audiology specialize in individual and customized treatment. Every doctor completed over 1800 hours of supervised training to provide you with unparalleled care.

Hearing and balance involve the brain. Your brain must be able to receive clear and detailed signals from these systems for you to hear clearly, understand speech and to maintain your balance at all times. Brain retraining, relearning and rehabilitation are critical for successful outcomes.

Hearing Health Center works with every manufacturer to offer a wide variety of treatment options and find the right solution for you. We collaborate with many specialists in the medical community to insure you receive the best possible care.

Financing and payment plans are available for cost concerns. The Fisher Foundation for Hearing Health Care provides treatment and care for those that qualify.



Patient Information

First Name: Middle Initial: Last Name:
Address: Unit #:
City: State: Zip:
Sex: M F Birthdate:
Employment Status: Retired Full Time Part Time Student
Occupation/Former Occupation:
Employer: Employer Address:
Marital Status: Single Married Divorced Widowed Partner
How did you hear about us?

Contact Information

Home Phone: Work Phone: Cell Phone:
Email:
What's the best way to reach you? Email Home Work Cell
Emergency Contact Relation Phone

Insurance Information

Primary Insurance Secondary Insurance
Name of Insured Relation to Patient DOB
Primary Care Physician: Phone #:
Address: City: State/Zip:

Health History

List all medications and reason for taking:
What brings you in today?
When was your last hearing test?
Have you ever been treated for hearing loss?

Financial Responsibility and Consent

I agree to be responsible for all charges incurred. I agree that visits may be recorded aurally for internal training purposes.
Authorization to Release Information: I hereby authorize release of any medical information necessary in the course of treatment.

SIGNATURE DATE