



<b>Main Office</b> 142 E. Ontario St. Suite 1100 Chicago, IL 60611 312.263.7171	<b>Fox Run Square</b> 1212 S. Naper Blvd. Suite 103 Naperville, IL 60540 630.369.8878	<b>Oakbrook Mall</b> 120 Oakbrook Ctr. Suite 709 Oak Brook, IL 60523 630.571.7111	<b>Highland Park</b> 185 Skokie Valley Rd. Crossroads Shopping Ctr. Highland Park, IL 60035 847.681.7000	<b>Resurrection Medical Ctr.</b> 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 90 minutes for you to ensure that you receive the most accurate diagnostic evaluation and fully understand your results and treatment options, if necessary.* If you are unable to keep your appointment, please let us know as soon as possible, as emergency patients are waiting for help.

Call the office where you scheduled your appointment to cancel or reschedule.

<b>CHICAGO</b> 312-263-7171	<b>NAPERVILLE</b> 630-369-8878	<b>OAK BROOK</b> 630-571-7111	<b>HIGHLAND PARK</b> 847-681-7000	<b>RESURRECTION</b> 773-466-8878
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**APPOINTMENT DATE:** \_\_\_\_\_ **APPOINTMENT TIME:** \_\_\_\_\_

Please complete the enclosed form prior to your visit.

### IMPORTANT REMINDERS:

1. It is important that you bring a close family member or friend to your appointment. A voice with which you are familiar will be utilized in the evaluation, and provides the most accurate assessment of brain processing ability.
2. Bring a list of your current medications, the condition for which they were prescribed and how long you have been taking them.

**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 choose 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 has 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 ensure that 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 who 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: \_\_\_\_\_  
Marital Status:  Single  Married  Divorced  Widowed  Partner  
How did you hear about us? \_\_\_\_\_

Contact Information

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Preferred method of contact:  Email  Home  Work  Cell  Text  
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, condition being treated and length of time taking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for appointment:  
\_\_\_\_\_

Have you had a hearing test in the last 10 years?: Y \_\_\_ N \_\_\_

Do you currently use hearing aids? Y \_\_\_ N \_\_\_

When purchased: \_\_\_\_\_ Place of purchase: \_\_\_\_\_



## Consent Form

### Financial Agreement

I hereby give authorization for payment of insurance benefits to be made directly to the provider and any assisting physicians for services rendered. I understand that I am financially responsible for all charges whether or not they are covered by insurance. In the event of default, I agree to pay all costs of collection and reasonable attorney's fees. I hereby authorize Hearing Health Center to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original. Insurance authorization must be obtained before a patient is seen. If I do not inform the Providers seen in this clinic of my current insurance and the insurance is denied because of no authorization, I will be responsible for payment. If prior authorization or referral is not obtained from the insurance company before my scheduled appointment and I still choose to see the Provider, I will be responsible for the bill at the time of service.

**Patient Name (Print)** \_\_\_\_\_

**Signature of responsible party** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

### Notice of Privacy Practices

I hereby acknowledge that I received a copy of Hearing Health Center's Notice of Privacy Practices.

I give Hearing Health Center permission to release information, verbal and written, to my insurance company, case manager, attorney, related healthcare providers, beneficiaries and all other related persons. Information without patient identifiers may be used for quality purposes.

I acknowledge I have been given the opportunity to review the Health Insurance Portability & Accountability Act (HIPAA) policy in this office.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If not signed by the patient, please indicate the relationship between the signee and the patient:

- Parent or guardian of minor patient
- Guardian or conservator of a patient

#### **HIPPA Consent to Leave Voicemail/Message**

I do \_\_\_ I do not \_\_\_ give permission to leave relevant medical information on my answering machine or voicemail.

I do \_\_\_ I do not \_\_\_ want relevant medical information shared with the person who may answer the telephone.

The names of the individual(s) with whom you may leave pertinent information are:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## **Why Hearing is Your Most Important Sense**

We learn to talk by imitating the sounds we hear. Throughout childhood, we learn by hearing and listening to our teachers, our parents, and our friends. We develop friendships and relationships by hearing and responding to those we like. Much of the joy in our life is from communicating with our family, our friends, and members of the groups we join. Communication makes us feel secure and gives us a sense of belonging.

The ability to communicate via the spoken word is what separates man from all other animals. Effective communication depends on our capacity to hear the spoken word.

Our entire life changes when communicating becomes difficult, stressful, and frustrating. We feel isolated and depressed. We withdraw, lose interest, and stop participating in the groups and activities that once gave us pleasure. We become angry, paranoid, and fearful.

Our hearing is our only “long-distance” sense, and the only one that works 24 hours every day. Our hearing keeps us in touch with our surroundings (rain on the roof, sirens approaching, footsteps behind us, the TV in another room) and is “on” even when our eyes are closed and sleeping, letting us know when the baby is crying or the smoke alarm is beeping.

We depend on our hearing more than any other sense, yet we rarely think about it and consider it low on our priority list of health concerns.

## **You Hear With Your Ears, You Listen With Your Brain**

Our ears collect sounds and send them to the communication area of our brain to filter, process, interpret, and make sense of the sounds it received. Even a small decrease in hearing reduces the amount of stimulation and information our brain needs to decipher messages. As our hearing ability worsens, our brain can no longer separate important speech sounds from other extraneous noises.

Our brain must work harder trying to make sense of only partial information.

If the deprivation continues, our brain will give up. Unless it starts getting back the stimulation it lost, the processing area of our brain begins to deteriorate. Our cognitive function is irreversibly and permanently impaired.

## **Hearing Impacts Your Memory and Your Balance**

When decreased hearing ability prevents our brain’s processing area from receiving necessary information, our brain must work harder. Resources are taken from other areas of our brain to try to communicate. Scientists call it ‘cognitive overload’ because this “rewiring” stresses and strains our brain.

The extra load on our brain prevents the transfer and storage of information to our short-term memory. We cannot remember what we did not hear or misheard, and we can no longer even remember what we did hear.

Our hearing ability keeps us grounded and oriented in our space. Reduced awareness of our environment increases our likelihood of falling three times.