



Name: \_\_\_\_\_

Please check the items that apply to you.

- |   |   |
|---|---|
| <input type="checkbox"/> Ringing in my ears                     | <input type="checkbox"/> Trouble hearing in a crowd           |
| <input type="checkbox"/> Trouble hearing a movie in the theater | <input type="checkbox"/> Trouble hearing the television       |
| <input type="checkbox"/> Itching in my ears                     | <input type="checkbox"/> Decreased hearing low/high noises    |
| <input type="checkbox"/> Unable to hear words clearly           | <input type="checkbox"/> Other people tire of repeating words |
| <input type="checkbox"/> Other people shout                     | <input type="checkbox"/> I become frustrated at not hearing   |

Other problems, explain below:

---

---

---

Symptoms I am concerned about:

---

---

---

How did you learn about Christensen Audiology and Hearing Aid Center?

- |                      |                   |             |
|----------------------|-------------------|-------------|
| KFOR Radio           | KOLN/KGIN TV      | Facebook    |
| Lincoln Journal Star | Time Warner Cable | Internet    |
| KLIN Radio           | Google Search     | Other _____ |
| Yellow Pages         | Webpage           |             |

This information is only used for Christensen Audiology and Hearing Aid Center purposes.

Thank You