

## PERSONAL DETAILS

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Date of Birth: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_

GP Name & Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Email: \_\_\_\_\_

## ELIGIBILITY & FUNDING INFORMATION

Pensioner Health Benefits Card: ☐ Yes ☐ No

DVA Card Holder: ☐ Yes ☐ No

WorkCover / Workplace Compensation: ☐ Yes ☐ No

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

NDIS Participant: ☐ Yes ☐ No

How Did You Hear About Us?

☐ Doctor ☐ Workplace ☐ ENT/Specialist ☐ Google ☐ Newspaper ☐ Family/Friend ☐ Facebook

☐ Newsletter ☐ Delta Hearing Website ☐ SMS ☐ Flyer/Mailout ☐ Clinic Signage ☐ HSP/DVA

☐ Other: \_\_\_\_\_

Would you like to receive our newsletter? ☐ Yes ☐ No

CRN (if applicable): \_\_\_\_\_

Card Type: ☐ Gold ☐ White

Card Number: \_\_\_\_\_

Year: \_\_\_\_\_

Home Care Package: ☐ Yes ☐ No

## HEARING HEALTH HISTORY

How long have you experienced hearing difficulties? \_\_\_\_\_

Previous hearing test? ☐ Yes ☐ No Results: \_\_\_\_\_ Last seen by audiologist/hearing provider: \_\_\_\_\_

History of noise exposure? ☐ Yes ☐ No Sources: ☐ Musician ☐ Work-related ☐ Firearms ☐ Other: \_\_\_\_\_

Estimated total duration: \_\_\_\_\_ months / years

Previous hearing aid use? ☐ Yes ☐ No If yes, how many? ☐ 1 ☐ 2 Type: ☐ Behind-the-Ear ☐ In-the-Canal ☐ In-the-Ear

Family history of hearing loss? ☐ Yes ☐ No Who: \_\_\_\_\_

Seen an ENT specialist? ☐ Yes ☐ No If yes, Name & Address: \_\_\_\_\_

## MEDICAL & EAR HEALTH HISTORY

Have you ever had:

Ear surgery? ☐ Yes ☐ No Details: \_\_\_\_\_

Conditions affecting hand function (e.g., arthritis)? ☐ Yes ☐ No Explain: \_\_\_\_\_

Are you on blood thinners? ☐ Yes ☐ No

Do you currently experience:

Symptom	Yes	No	Left	Right	Symptom	Yes	No	Left	Right
Ear pain/discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discharge/infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dizziness/Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Numbness in face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluctuating hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ringings/Buzzing (tinnitus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perforated eardrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any of the following conditions?

☐ Diabetes ☐ HIV/AIDS ☐ Haemophilia ☐ Hepatitis

## HEARING AND COMMUNICATION QUESTIONNAIRE

Which statement best describes your hearing?

☐ I have no hearing problems ☐ I don't believe I have a hearing loss  
☐ I think I need help with my hearing ☐ I'm ready to address my hearing loss

Rate your hearing ability (1 = poor, 10 = excellent): [1] [2] [3] [4] [5] [6] [7] [8] [9] [10]

How important is improving your hearing right now? [1] [2] [3] [4] [5] [6] [7] [8] [9] [10]

(If 3 or below, no need to complete further)

List your top 3 listening situations you'd like to improve: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Situations where you have difficulty hearing (tick all that apply):

☐ 1-on-1 conversations ☐ Watching TV ☐ Soft speakers ☐ Small groups (2-4) ☐ Large groups (4+)  
☐ Meetings ☐ Mild background noise ☐ Noisy places (e.g., restaurants) ☐ When people are facing away  
☐ Family gatherings ☐ Workplace ☐ Music ☐ Outdoors ☐ Hall/Large space ☐ Phone calls/Streaming

## PRIVACY & CONSENT DECLARATION

Delta Hearing collects your personal and health information to provide quality hearing care. Your information is protected under the Privacy Act 1988 (Cth) and may be shared with your care team or third parties such as GPs, ENT specialists, government hearing services, or WorkSafe Victoria only when necessary.

- Personal data may be transferred securely via electronic or postal services.
- Without this information, we may be unable to provide services (e.g., HSP eligibility).
- We may contact you via phone, SMS, email, or post about hearing-related services.
- All data is stored securely within Australia and will not be shared overseas without your consent.
- Visit <https://www.deltahearing.com.au/privacy-policy> for our full Privacy Policy.
- Certain procedures, including wax removal, Lyric fittings, or ear impressions, carry minor risks such as abrasions or bleeding. You will be referred to a GP or ENT if needed.
- By signing below, I consent to these terms.

Client Name:

Signature:

Date: