North Houston Hearing Solutions, L.L.C.
Audiology & Hearing Aids
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Spring, Texas 77379
281-444-9800 281-257-1594 (Fax)
www.NorthHoustonHearing.com

BETTER HEARING QUESTIONNAIRE

Our concern is your hearing and to better help you we ask that you fill out this questionnaire to describe in what ways your hearing affects you. This information is kept confidential and is made a part of your permanent file. Thank you for placing your trust in us for all your hearing needs. Please complete both pages and return to the front desk.

Date _____

Name _____ **Date of Birth** _____
(Last) (First) (Initial) (M/D/Y)

Mailing Address_____
(City) (ST) (Zip)

Local Telephone # _____ **Cell Phone #** _____

Local Doctor: _____

Hearing Aid Insurance/Health Plan: _____ **Policy #** _____

How did you hear about us? _____ **Your e-mail address** _____

Name of family member/friend with you today _____ **Relationship to you:** _____