

10201 SE Main Street, Suite 1, Lower Level Portland, Oregon 97216 Phone: 503-261-6962 Fax: 503-261-6923

Referring Provider's Name		Address	
Phone	Fax	Email address	
	/ /		
Patient Name	DOB	Phone	Email address
Please fax a copy of the A ☐ Patient wears hearing a ☐ Patient wears hearing a ☐ Patient does not wear ☐ Patient has had prior in	aids with a tinnitus : aids without a tinnit hearing aids	tus sound program	

Complete the Tinnitus and Hearing Survey on the back of this referral form with the patient.

Please fax the completed referral form to: 503-261-6923

Tinnitus and Hearing Survey

A. Tinnitus	No, not a problem	Yes, a small problem	Yes, a moderate problem	Yes, a big problem	Yes, a very big problem	Grand Total
Over the last week, tinnitus kept me from sleeping.	0	1	2	3	4	
Over the last week, tinnitus kept me from concentrating on reading.	0	1	2	3	4	
Over the last week, tinnitus kept me from relaxing.	0	1	2	3	4	
Over the last week, I couldn't get my mind off of my tinnitus.	0	1	2	3	4	
		Total of each column				
B. Hearing						
Over the last week, I couldn't understand what others were saying in noisy or crowded places.	0	1	2	3	4	
Over the last week, I couldn't understand what people were saying on TV or in the movies.	0	1	2	3	4	
Over the last week, I couldn't understand people with soft voices.	0	1	2	3	4	
Over the last week, I couldn't understand what was being said in group conversations.	0	1	2	3	4	
		Total of each column				
C. Sound Tolerance						
Over the last week, sounds were too loud or uncomfortable for me when they seemed normal to others around me*	0	1	2	3	4	
If you responded 1,2,3 or 4 to the statement above: Please list two examples of sounds that are too loud or uncomfortable for you, but seem normal to others:						

*If sounds are too loud for you while wearing hearing aids, please tell your Audiologist.