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NAME _____

DATE _____

PHONE _____

EMAIL _____

In what capacity were you involved with on 9 | 11? _____

Do you feel that you have a hearing loss as a result of 9 | 11? YES NO

Prior to this event were you aware of any loss of hearing? YES NO

Have you ever been seen by an ear doctor? YES NO

Have you ever had a hearing test? YES NO

If so, what were the results and recommendations _____

Have you ever worn a hearing aid? YES NO

Do you have any history of ear disease or ear surgery? YES NO

Are you interested in wearing a hearing aid? YES NO

If yes, what is the motivating factor? _____

What is your perception of hearing aids? _____

In what situations are you having difficulty hearing? _____

New York State law requires that any person being fitted with a hearing aid must obtain medical clearance before wearing one. Your insurance should cover this visit. We are happy to assist you with locating a Doctor that participates with your plan.