

When did you first notice the hearing loss? _____ Was it sudden or gradual? (circle one)

Which ear hears better (circle one): Right Left Same

If you are currently wearing a hearing aid or have in the past please answer the following:

Which ear aided: _____ Brand: _____ Style: _____

Age of hearing aid(s): _____ How often do you wear it: _____

What would you like to improve about your current hearing aids: _____

Please list the names of other persons to whom Koble Hearing is authorized to release information regarding your hearing diagnosis and treatment: _____
