



# ear hygiene clinic

Clinic ..... Recall 0 / 3 / 6 / 9 / 12 / 18 / 24

32 Settlers Crescent, Ferrymead, Christchurch 8023 | PO Box 1889, Christchurch 8140  
ph: (03) 384 4668 | fax: (03) 384 3856 | email: janerees@xtra.co.nz

## PATIENT HEALTH QUESTIONNAIRE

Please take five minutes to complete this questionnaire. The information that you give in this questionnaire will remain confidential.

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

ACC Number: \_\_\_\_\_ War Pension Number: \_\_\_\_\_  
*(If applicable for hearing loss)*

Name: *(In full)* \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

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

Doctor/Medical Centre \_\_\_\_\_

*Please do not hesitate to ask for assistance if you need help in completing the questionnaire.*

HAVE YOU EVER HAD ANY OF THE FOLLOWING/ REASON FOR VISIT (ie blocked ears; infection; tinnitus):	N	Y	If yes, please provide details
Previous wax removal/When? How?			
Previous ear surgery (eg. grommets, mastoidectomy)			
A hearing aid/s?			
Are you taking any blood thinning medication?			
Any other major health issues? (eg. Parkinsons Disease, Epilepsy, Radiotherapy)			
Sinus / hay fever?			

How did you find out about the Ear Hygiene Clinic?

\_\_\_\_\_

I have read and understood the side effects of Microsuctioning.

Signature: \_\_\_\_\_

Thank you.