

Hearing Test Cover Page

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**Include this page with your hearing test results
and your name on every page**

First Name:

Last Name:

Telephone Number (include area code):

State:

ZIP code:

email:

UHC member ID (if applicable):

Gender:

Male

Female

Have you worn hearing aids before?

Yes

No

If yes,

Which ear?:

Left

Right

Both

How long?:

Less than 60 days

60 days to 5 yrs

More than 5 yrs

If known,

What type:

Analog

Digital

CIC

ITC

BTE

RIC

Use ear molds?:

Yes

No