



Chesapeake Bay ENT

Scott Saffold, MD
Beverly Patterson, ENT Practitioner

Patient Intake Form

Please print clearly and provide the following information:

Name _____

All New Patients Please Complete:

Ear – Check all that apply

R	L	
		Tinnitus (Ringing)
		Hearing Loss (please see below)

If you answered yes to any of the above, please answer these questions.

Y	N	
		Do people complain that you turn the TV volume too high?
		Do you have trouble understanding conversation in background noise?
		Has a friend or family member mentioned that you could have a hearing problem ?
		Do voices sound blurry — like people mumble?
		Do you need to turn toward the person speaking or cup your ear to understand what is being said?

OAE (P/F): R _____
L _____