



# ear hygiene clinic

Recall 0 / 3 / 6 / 9 / 12 / 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: \_\_\_\_\_ (if applicable) ACC Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ War Pension Number: \_\_\_\_\_

Patient name: (Full name) \_\_\_\_\_

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

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

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

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:	N	Y	If yes, please provide details
Previous wax removal/frequency			
Previous ear surgery (eg. grommets, mastoidectomy)			
A hearing test within the last 2 years?			
A hearing aid/s?			
Are you taking any blood thinning medication?			
Any other major health issues? (eg. Parkinsons Disease, Epilepsy, Cancer)			
Allergies? (eg. 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.