



Blacksburg • 920 Plantation Rd, Ste 104

540.552.1904

Blacksburg • 830 Davis St, Ste 2

540.315.9859

Salem • 1802 Braeburn Dr

540.772.2669

Patient Information

Patient: _____ DOB: _____

Responsible Party Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Social Security #: _____

Email Address: _____ Sex: F M

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Secondary Address: _____

Employment Status: Full Time Part Time Disability Retired Not Employed

Employer: _____

Marital Status: Married Single Widowed Spouse Name: _____ DOB: _____

Emergency Contact: _____ Relationship: _____

Name of your primary care physician (city & state): _____

Do you have medical insurance? Yes No If yes, please give your information to the staff

If we will be filing a Medicare claim for a hearing evaluation, a referral is needed from your physician

Medicare does not cover wax removal when done by an audiologist

Insurance Information _____ Initial here if you are the policyholder

Name of policyholder (if not self): _____ Relationship: _____

DOB: _____ Address same as patient: Yes No If no: _____

How did you hear about The Hearing Clinic?

Yellow Pages Health/Senior Fair Newspaper Website Direct Mail Ad

Referred by Physician _____

Referred by Friend _____

Other _____

Reason for Appointment _____



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Your Experience

We believe in, and strive to provide, a convenient location with ample parking and expect our staff to always be professional, courteous, and helpful. To provide you with the highest level of service, please rate your experience of the following areas:

Location and accessibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Adequate parking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Convenience of appointment times	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Friendly greeting	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Clean and welcoming environment	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

What can we do to make your next visit more comfortable?

Please read carefully and sign below

- I give permission to my AudigyCertified™ practice to release information, verbal and written, contained in my medical record and other related information, to my insurance company, rehab nurse, case manager, attorney, employer, related healthcare providers, assignees and/or beneficiaries and all other related persons. Information without patient identifiers may be used for quality purposes.
- I acknowledge that I have received and reviewed the Health Insurance Portability & Accountability Act (HIPAA) policy of this office.
- I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance of my account for professional services or purchases rendered.
- I have read all the information on this sheet and have completed the above answers, certify this information is true and correct to the best of my knowledge, and hereby give The Hearing Clinic permission to treat my concerns.

I have read and understand all the above information.

A copy of this signature is as valid as the original

Date

Signature of Parent or Guardian if pateint is a minor

Date