INTAKE FORM

Name:______________________________ Date of Birth:_____/_____/_____ Age:________
First MI Last

Address:____
Street Apt # City State Zip

Home Telephone:______________________ Employer Name:______________________

Email address:______________________ Employer Telephone:______________________

(Spouse information needs to be completed if patient is on Spouse's insurance plan)

Spouse's Name:______________________ Daytime Telephone:______________________

Spouse's Employer:______________________ Date of Birth:_____/_____/_____

In case of emergency, please contact: Name:______________________Relationship:__________

Telephone Number:______________________________

PLEASE COMPLETE THE FOLLOWING SECTION IF PATIENT IS A MINOR (under 18 years of age)

Father's Name______________________
Date of Birth: _____/_____/_____
Home Phone (if different)______________
Work Phone______________________
Employer:______________________

Mother's Name:______________________
Date of Birth: _____/_____/_____
Home Phone (if different)______________
Work Phone______________________
Employer:______________________

Who is your primary care physician? ______________________**Phone:**______________

Who referred you to our office?______________________________

Are you a veteran? ________

In order for us to file your insurance claim for you, the following MUST be signed:

I authorize the release of any medical and/or other information necessary to process my medical claim. I authorize payment of medical benefits to be made directly to the East Penn Hearing Center for services rendered. This authorization shall remain in effect until otherwise stated in writing,

______________________________ _____/_____/_____
Patient/Parent/Guardian Signature Date

RELEASE OF MEDICAL INFORMATION

I would like a copy of my test results sent to the physician listed above. I would also like to have this information

forwarded to:______________________________

______________________________ _____/_____/_____
Patient/Parent/Guardian Signature Date