



Welcome to our office. Please complete the following information and sign where indicated.

Date _____

Patient Name _____ Date of Birth _____ Age _____

Address _____
Apt. # _____ City _____ State _____ zip code _____

Secondary Address _____
Apt. # _____ City _____ State _____ zip code _____

Home phone number (_____) _____ Cell phone number (_____) _____

E-mail _____

Employer _____ Occupation _____
(If retired, prior occupation)

Primary Care Physician _____ Phone number _____

How did you hear about us?

Website Newspaper ad Insurance Yellow Pages Employer

Mail Sponsored event Magazine Ad TV Internet

Referred by Friend _____

Referred by Physician _____

Other _____

Person responsible for bill (if other than patient) _____

PERSON TO CONTACT IN CASE OF EMERGENCY (different from patient)

Name _____ Relationship _____ Phone number _____

Name _____ Relationship _____ Phone number _____



Insurance Information

Insurance Provider: _____

I authorize my insurance benefits to be paid directly to _____

The Audiology and Vestibular Center at Kendall, Inc. is not a network provider for insurance carriers therefore, *you will be held responsible for professional services or purchases rendered at the time of visit.* However, we can submit a claim on your behalf to your insurance carrier and they will reimburse you accordingly.

- Medicare will cover hearing testing if your physician has ordered such testing for a diagnostic medical evaluation or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem. Medicare **will not** cover hearing testing for routine hearing evaluations to check your hearing status and adjust your hearing aids.
- Insurance is a contract between you and your insurance company. It is your responsibility to know the requirements and stipulation of your policy. Some services may not be covered benefits under your insurance plan.
- 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.

PROTECTED HEALTH INFORMATION

- I acknowledge that I have received and reviewed the Health Insurance Portability & Accountability Act (HIPAA) policy at this office.
- I authorize The Audiology and Vestibular Center at Kendall, Inc. to disclose my medical/protected health information for the purpose of my hearing healthcare and treatment, billing and/or insurance related information. I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out hearing care and treatment. The Audiology and Vestibular Center at Kendall, Inc. is not required to agree to the restrictions that I request, however, if The Audiology and Vestibular Center at Kendall, Inc. agrees to a restriction that I request, the restriction is binding on The Audiology and Vestibular Center at Kendall, Inc. In addition to using and disclosing medical information to any person or entity other than required by HIPAA regulations, I consent to The Audiology and Vestibular Center at Kendall, Inc. releasing my medical information to those detailed below.

Print Name

Relationship

Phone number

Print Name

Relationship

Phone number

- I consent to The Audiology and Vestibular Center at Kendall, Inc. to send newsletters, direct mailers, brochures, or any other correspondence for any and all marketing purposes related to audiological products/services to me. The Audiology and Vestibular Center at Kendall, Inc. will only disclose protected health information to companies that are in compliance with federal privacy regulations by signing a Business Associate Agreement. I understand that this marketing authorization is in effect until a revocation is received by The Audiology and Vestibular Center at Kendall, Inc.
- I have read all the information on this sheet and hereby give The Audiology and Vestibular Center at Kendall, INC. permission to treat my concerns.

I have read and understand all of the above information.

Patient/Guardian Signature

Date



Website and Social Media Release Form

I, the undersigned, do hereby grant permission to The Audiology and Vestibular Center at Kendall, Inc., its representatives and employees the right to take photographs, videos, or other items, herein after referred to as “Materials,” of me and to copyright, use and publish the same in print and/or electronically. I agree that The Audiology and Vestibular Center at Kendall, Inc. may use such “Materials” of me with or without my name and for any lawful purpose, including, for example, television, newspaper, magazine article, social media sites (MySpace, Facebook, Twitter, etc.) and/or publications (newsletters, flyers, brochures, World Wide Web Page, etc.).

I hereby release you, your representatives, employees, and managers from all claims and demands arising out of or in connection with any use of said “Materials”, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the “Materials” or any rights therein.

Patient Signature

Date

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child’s inclusion in the “Materials” will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

Child’s Name

Parent or Legal Guardian Signature

Hearing Health History



Name: _____

Date: _____

1. Have you ever had a hearing test before? Yes No

If "yes", When? _____ Where? _____

If "yes" were you told that you had a hearing loss? Yes No

2. Does anyone else think you have a hearing problem? Yes No

3. If you think you have a hearing loss, how long have you noticed it? _____

4. If you believe you have a hearing loss, in what situations do you have difficulty?

a. _____

c. _____

b. _____

d. _____

5. Have you had or have any of the following: (please check if yes)

Exposure to noise Ringing in ears/tinnitus Ear infections Ear surgery

Head injury Punctured eardrum Sudden hearing loss Fluctuating Hearing

Pressure or fullness in ear Dizziness Diabetes Cancer High Fevers

Convulsions High Blood Pressure Kidney Disease Other: _____

6. What medications are you taking now? (Excluding vitamins)

7. Do you have any relatives with a hearing loss? Yes No Relation: _____

8. Have you ever worn hearing aids? Yes No

9. Do you wear hearing aids now? Yes No

10. When and where did you get your hearing aids?

11. What problems are you having with your hearing aids?

12. Is there anything else you would like us to know about your hearing?

Patient Questionnaire

Instructions: Please circle the answers that come closest to your everyday experience. If you have not experienced the situation we describe, try to think of a similar situation that you have been in and respond for that situation. If you have no idea, leave the item blank.

A. Always B. Occasionally C. Infrequently D. Never

- | | | | | |
|---|---|---|---|---|
| 1. When I am in a crowded store talking to the cashier, I have trouble following the conversation. | A | B | C | D |
| 2. Unexpected sounds, like a smoke detector or alarm, bell are uncomfortable. | A | B | C | D |
| 3. I have difficulty hearing a conversation when I'm with one of my family members at home. | A | B | C | D |
| 4. When I am traveling in the car and family members are talking, I have trouble hearing them. | A | B | C | D |
| 5. When I am at the dinner table with several people and I am trying to have a conversation with one person, understanding speech is difficult. | A | B | C | D |
| 6. When I am talking with someone across a large empty room, I have difficulty understanding the words. | A | B | C | D |
| 7. I have difficulty understanding people on the phone. | A | B | C | D |
| 8. When I'm in a quiet conversation with my doctor in an examination room, it is hard to follow the conversation. | A | B | C | D |
| 9. It's hard for me to understand what is being said at lectures or church services. | A | B | C | D |
| 10. When I am in a restaurant, I have difficulty understanding conversation | A | B | C | D |