Northwest
Speech and Hearing Center Ltd.

AUDIOLOGY PATIENT INTAKE FORM

Name ______________________ ____ ________________________________ Date of Birth________________
FIRST INITIAL LAST

If Minor, Full Name of Parents or Guardian____

Address (Number and Street) _________________________________ Cell Phone ______________________________

City, State, Zip ____ Home Phone ___________________________

Sex: Male ☐ Female ☐

Emergency Contact Name & Phone ____________________________

Email Address ____ Can we send you periodic updates? YES NO

How did you hear of us? __________________________ Primary Care Physician ______________________________

INSURANCE INFORMATION:

Primary Insurance Co. _____________________________________ Insured's Date of Birth __________________

Name of Insured ____

RELATIONSHIP OF PATIENT TO INSURED: SELF ☐ SPOUSE ☐ CHILD ☐

Secondary Insurance Co. ___________________________________ Insured's Date of Birth __________________

Name of Insured ____

RELATIONSHIP OF PATIENT TO INSURED: SELF ☐ SPOUSE ☐ CHILD ☐

All Patients Please Read and Sign: I authorize the release of any medical information necessary to process a claim. I authorize payment of medical benefits to Northwest Speech & Hearing Ctr. (NWSHC). I have read all the information above and agree that I am responsible for the balance on my account for all products purchased and professional services rendered.

Patient's Signature (Parent or Guardian if Minor): ___________________________________ Date ____________

Acknowledgement of Notice of Privacy Practices: I acknowledge I have been presented with the Northwest Speech and Hearing Center Notice of Privacy Practices and I have been offered a current Notice of Privacy Practices. This notice informs me how NWSHC will use my health information for the purposes of treatment and/or payment. This notice explains how NWSHC may share my health information. NWSHC will also use and share my health information as required/permitted by law.

Patient Signature (Parent or Guardian if Minor): _________________________________ Date_____________

Office Use Only:

Computer Entry by_________ Scanned into Sycle date____________ by ________