LEXINGTON
HEARING AND SPEECH CENTER, INC.
74-20 25th Avenue, East Elmhurst, N.Y. 11370
(718) 350-3171 ♦ (718) 458-1367 (FAX)

ADULT INTAKE FORM

PATIENT INFORMATION

Last name, **First** **M.**			**Sex:** Male/Female	**DOB:**
Street address:			**Phone No:**	**Cell No:**
City:			**State:**	**ZIP Code:**
Chose clinic because/referred to clinic by (Please check one box):	☐ Dr.	☐ Hospital	☐ Family/Friend	☐ Agency/School ☐ Other
Purpose of Visit:				

INSURANCE INFORMATION *(PLEASE GIVE YOUR INSURANCE CARD TO THE RECEPTIONIST.)*

Medicaid ID#:	**Medicare ID#**	**Supplemental Name:**	**ID#:**
Private Ins. :	**Name:**	**ID#:**	
Self-Paying Client		**Social Security No:**	

MEDICAL HISTORY STATUS

Please describe your current health?

Have you been hospitalized in the past 5 years? Yes or No

If yes, please state reason:

Please list any medications you are currently taking

1. 2. 3. 4 5.

Have you had a hearing evaluation before? ***If Yes Where?***

Do you have: *(please check all that apply)*

_____*Ear pain* _____*Nausea* _____*Dizziness* _____*Head Injuries* _____*Arthritis* _____*Noise Exposure* _____*Ear Surgery* _____*Diabetes*

_____*Change in your hearing* _____*Heart Problems* _____*Ringing in the ear* _____*Buzzing in the ear* _____*Ear Discharge*

Do you have difficulty swallowing: _____***Yes*** *or* _____***No***

Do you have difficulty hearing: *(please circle all that apply)*

_____*Telephone* _____*Radio* _____*T.V.* _____*Movies* _____*In Restaurants* _____*Speech* _____*Door Bell*

_____*In Noise* _____*Locating the sound source* _____*In quiet*

Which ear do you hear better with: *(please check one)* _____*Left* _____*Right* _____*Both*

Hearing Aid History Status

Have you ever had a hearing aid before: *(please check one)* _____*Yes* _____*Never*

If you answered yes, please complete the following information

Type of Hearing Aid(s): *(Please indicate if different for both ears)*

Manufacturer: ***Date of Purchase:*** ***Place of Purchase:***

Please indicate whether the hearing aid helped you to hear better; under what circumstances (please explain)