

**AUDIOLOGY INTAKE - ADULT**

**Patient Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

(Tel) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

(Work) \_\_\_\_\_ (Email) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Insurance Information – please provide up with a copy of your insurance card at time of visit**

Primary Insurance Company: \_\_\_\_\_ (Tel): \_\_\_\_\_

Name of Insured: \_\_\_\_\_ DOB of Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Primary/Referring Physician’s – \*\*MUST BE COMPLETED TO ENSURE PROPER INSURANCE BILLING/PAYMENT\*\***

Physician’s Name: \_\_\_\_\_ Please send report to my physician \_\_\_\_\_ Yes \_\_\_\_\_ No

Phone (If known): \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**NOTICE OF PATIENT FINANCIAL RESPONSIBILITIES – PLEASE SEE OUR FINANCIAL POLICY FORM**

**PLEASE READ AND INITIAL - SOCIAL MEDIA, PHOTORAPHY, AND WEBSITE RELAEASE – I GRANT WINDSOR AUDIOLOGY PERMISSION TO USE MY STORY, PHOTOS, REVIEWS, OR OTHER INFORMATION REGARDING MY HEARING JOURNEY ON SOCIAL MEDIA PLATFORMS AND/OR THEIR WEBSITE. I HEREBY RELEASE YOU, YOUR REPRESENTATIVE, EMPLOYEES, MANAGERS, MEMBERS, OFFICERS, PARENT COMPANIES, SUBSIDIARIES, AND DIRECTORS, 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.**

By signing below, I acknowledge that have read and understood the above information. I also acknowledge that I have received a copy or have been offered a copy or the opportunity to read and review the HIPPA privacy practices of this office and fully accept the agreements laid forth in the HIPPA for Windsor Audiology.

\_\_\_\_\_  
Print Patient’s Name

\_\_\_\_\_  
Signature

**How did you hear about us? We would love to know who to thank for sending you to us!**

Current Patient if so Name \_\_\_\_\_  My doctor Listed Above

Google  Other Search Engine  Newspaper  Magazine  Other \_\_\_\_\_