Windsor Audiology
Hearing and Tinnitus Clinic

Leann Johnson, Au.D.
Board Certified Doctor of Audiology
Your Hearing Healthcare Journey Begins Here

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 us with a copy of your insurance card at time of visit.

Primary Insurance Company: ____________________________________ (Tel): ___________________________

Name of Insured: ____________________________________ DOB of Insured: _______________________

Policy #: ____ Group #: ____________________________

Physician's Name: ___________________________________ Please send report to my physician _____ Yes _____ No

Phone (If known): _____________________________City/State/Zip____

___________PLEASE READ AND INITIAL-COMPLETELY OPTIONAL - 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.

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____________________________***