

Sierra Hearing Center

(Please print clearly and complete ENTIRE FORM)

Child's Name _____ Gender: ___ Date of Birth: _____ Age: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Family Physician: _____

Who referred you to Sierra Hearing Center?: _____

Responsible Party: _____ Date of birth: _____

Soc. Security # _____ Relationship to child _____

Mailing Address (if different than patient): _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer _____ Address _____ Work Phone _____

Insurance Policy Holder (if different than the responsible party): _____

Date of birth: _____ Soc. Security # _____ Relationship to child: _____

Mailing Address (if different than patient): _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer _____ Address _____ Work Phone _____

Method of Payment Commercial Insurance _____ (please specify)

Policy # _____ Group # _____

Self-Pay _____ Other (please specify) _____

PLEASE PROVIDE US WITH A COPY OF YOUR INSURANCE CARD

Insurance Authorization and Assignment

I hereby authorize Sierra Hearing Center to furnish information to insurance carriers concerning my child's treatment and I hereby assign to the clinician all payment of medical services rendered to my dependents or myself. I understand that I am responsible for any amount not covered by insurance.

Signature _____ Date _____

GENERAL HISTORY:

What is your child's problem? _____

When did you first notice it? _____

What do you think caused it? _____

Has anyone in your family ever had a speech or hearing problem during childhood?

Yes ___ No ___ if yes, please explain: _____

Weight at birth _____ Were there any significant problems during the pregnancy, the delivery, or following the birth of the child? Yes ___ No ___ if yes, please explain: _____

Has this child had any serious illnesses, accidents or hospitalizations? Include recent medical history: _____

Has this child had repeated ear infections? Yes ___ No ___ If yes, please describe when they started, how many, the last one: _____

How would you describe your child's general health? Excellent ___ Good ___ Fair ___ Poor ___

Please explain any health concerns: _____

DEVELOPMENTAL AND EDUCATIONAL HISTORY:

At what age, in months, did your child sit alone, _____, walk alone, _____, use first words, _____, use sentences, _____. Do you have any concerns about your child's speech?: _____

Describe any unusual slow behavior: _____

While keeping your child's current age in mind, please rate the following:

Motor coordination and balance: (skipping, hopping, running)	Excellent	Good	Fair	Poor
Eye/Hand coordination: (drawing, coloring, writing)	Excellent	Good	Fair	Poor
General behavior at home:	Excellent	Good	Fair	Poor
Ability to play with other children:	Excellent	Good	Fair	Poor
Ability to keep attention on an activity:	Excellent	Good	Fair	Poor
Ability to play appropriately with toys:	Excellent	Good	Fair	Poor
Ability to solve problems:	Excellent	Good	Fair	Poor
Ability to follow directions:	Excellent	Good	Fair	Poor
Ability to speak clearly:	Excellent	Good	Fair	Poor
Progress in School:	Excellent	Good	Fair	Poor

School Placement (grade) _____ Any grades repeated? _____

X _____

Signature of person answering questions

relationship to child