



PATIENT INFORMATION FORM

Date _____ Phone (____) _____ Date of Birth _____ Sex M F

Name (Last) _____ (First) _____ Mr. Mrs. Ms.

Address _____ City _____ Zip _____

Social Security # _____ Work/Cell Phone _____

Occupation (or former occupation if retired) _____

Employer _____ Address _____

Family Physician _____ Phone _____

Address _____

Primary Insurance _____ Group # _____ Policy # _____

Other Health Insurance _____

I hereby authorize direct medical benefits to Susan Rogan Hearing for services provided, and I understand I am responsible for any balance on my account, including any charges for co-payments and/or deductibles.

Signature _____ Date _____

PLEASE INDICATE HOW YOU LEARNED ABOUT OUR SERVICES

____ Referred by Physician ____ Referred by Family Friend ____ PPO/HMO (Name) _____

____ School or Agency ____ Referred by Employer ____ Newspaper Advertisement ____ Mailing ____ Yellow Book

____ Web Site ____ Signage ____ Other _____

RECORD RELEASE AUTHORIZATION

I hereby authorize Susan Rogan Hearing to release reports of my hearing evaluations, results, treatments, and recommendations to my physicians, school, agency/or insurance company; and for my physician, school, agency and /or insurance company to release information to Susan Rogan Hearing for purposes of assisting in my hearing evaluation or rehabilitative process.

SIGNATURE _____ DATE _____

Do you presently wear hearing aids? _____ Type of aids? _____

When was your last complete hearing evaluation? _____

Do you have a family history of hearing loss? _____

Have you had surgery on your ears? _____ If so, what and when? _____

When did you first realize you might have a hearing problem? _____

Do you have a history that includes noise exposure? _____

Do you have problems hearing the TV? _____ Do you have trouble hearing in restaurants or

other noise situations? _____ Do you have problems hearing in church? _____ Do small or

large groups give you problems? _____ Other specific problems? _____

Where Do You Experience Hearing Challenges?

Intake Questionnaire

Thank you for visiting us today. To help us provide you with the best possible care, please take a few moments to complete the following questionnaire. Your responses will help make your hearing evaluation and fitting appointment more efficient, effective and successful.

Instructions

- Please read the following statements.
- Beside each statement, mark the circle that **best** describes your experience in each situation.

Name: _____ Date: _____

- | | Always | Sometimes | Never |
|---|-----------------------|-----------------------|-----------------------|
| 1. I have to ask people to repeat themselves even when I am in a quiet conversation with one or two other people. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My family members complain that I need to turn the television volume louder than they do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. When I talk on the telephone or cell phone, I miss some of what is being said. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. During a card game (or other game) around a table, I have difficulty hearing the conversation. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. When I am in a busy public place, such as a shopping center, I have difficulty communicating with others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. In meetings, I have to strain to make sure I hear everything. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. When I'm eating in a restaurant, I have to ask my dining companion to repeat things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I miss a lot of information during church and/or classroom lectures. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. When I'm listening to music/concerts, I miss parts of the performance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. If I'm in the car with others who are talking, I can't hear what they're saying. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Circle the top 3 listening situations/environments in which you experience the most difficulty hearing and would like to experience an improvement. (If not outlined above, list below).

GO DIGITAL
SUSAN ROGAN
HEARING
hear the difference

PRESCRIPTION	DOSE	FREQUENCY	DELIVERY

OVER THE COUNTER	DOSE	FREQUENCY	DELIVERY

VITAMINS/ MINERALS	DOSE	FREQUENCY	DELIVERY

OTHER	DOSE	FREQUENCY	DELIVERY

Signature

Date

319 West Ogden Avenue
 Westmont, Illinois 60559

419 N. LaGrange Rd., Ste. 1
 LaGrange Park, IL 60526

630-969-1677
 TDD 630-969-2056
 FAX 630-969-4384

SUSAN ROGAN HEARING, Inc.
 susanroganhearing.com

708-588-0155
 TDD 708-588-0165
 FAX 708-588-0157

**SUSAN ROGAN HEARING
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

{Please Print Name}

{Signature}

{Date}

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
