

PATIENT INFORMATION

Date: ____/____/____
First Name: _____ Gender: Male _____ Female _____
Middle Initial: _____ Date of Birth: ____/____/____
Last Name: _____ Phone Numbers: _____ Primary
Preferred Name: _____ Home: ____ - ____ - ____
Address: _____ Work: ____ - ____ - ____
City: _____ State: _____ Cell: ____ - ____ - ____
Zip Code: _____ Email: _____ Other: ____ - ____ - ____

Why did you choose Ralph Jackson Hearing Aid Service? TV _____ Newspaper: Herald _____ Ledger _____ Direct Mail _____
Web Site _____ Current Patient: _____ If so, Who: _____ Or Doctor Referral _____

Who is your primary doctor _____ Would you like for us to send copy of test? **YES / NO**

What is the address or practice name of your primary doctor _____

Emergency Contact Name: _____ Relationship to Patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: ____/____/____ Email: _____

Do you take medicine for: { } Heart, { } Blood Pressure, { } Blood Thinner. Name of blood thinner _____

Have you ever had ear surgery? { } Yes { } No If so, when? _____

Do you have itchy or flaky ears? { } Yes { } No

Have you had a problem with excessive ear wax? { } Yes { } No

Do You hear noises or have ringing in your ears? { } Yes { } No

INSURANCE FILING, PAYMENT, and TEST AGREEMENT

We will be glad to file and assist you with the filing of any insurance; however, it is the sole responsibility of the patient for full payment of services regardless of the amount allowed by the insurance company. Payment for services is due in full at the time of delivery of hearing aid(s) unless other arrangements have been made. The hearing test is free with the purchase of a hearing aid(s); however, charges will apply for compiling test information with recommendations for any use outside of this office. I, _____ acknowledge I have read and signed the insurance filing, payment and test agreement.

If you have insurance, at this time, please present insurance card and driver's license. We will make a copy and confirm insurance benefits.