Welcome to North Houston Hearing Solutions

Pediatric Intake Form

Date: _____

Name: _____ DOB: _____
(Last) (First) (M) (MM/DD/YYYY)

Mailing Address: _____
(Street) (Unit)

_____
(City) (State) (Zip)

Preferred Telephone # _____ Alternative Telephone # _____
Circle: Cell Home Work Circle: Cell Home Work

Email Address: _____

Local/Referring Physician _____

Hearing Aid Insurance/Health Plan: _____ Policy #: _____

How did you hear about us? _____

Parent/Guardian Name: _____ Relationship to Patient _____

North Houston Hearing Solutions, L.L.C.
Audiology & Hearing Aids

8515 Spring Cypress Rd, Ste 105, Spring, Texas 77379
281-444-9800 281-257-1594(Fax)
www.NorthHoustonHearing.com

Child Case History

Patient's name _____DOB/Age _____

How were you referred to our practice? _____

Who is your family doctor? _____ Is it ok to send results? ___

If your child has had a hearing test before; where and what were the results? _____

_____

What concerns do you have about your child's hearing? _____

_____

Does your child seem to hear better on some days than others? ___ yes ___ no

Does anyone in your family have hearing problems? ___ yes ___ no

List any other family members we have seen at this office _____

Were any of the following present after your child's birth or during the first two months?

__ Prematurity

__Poor weight gain

__ Was in an incubator

__ Did not pass hearing screen at birth

__Difficulty breathing

__ Birth weight less than 6 lbs.

__ Appeared Yellow

__ Stayed in hospital after mom went home

__ Infections at birth

__ Physical deformities

__ High fever

Does your child turn toward sound? ___ yes ___ no

Has your child had ear infections? ___ yes ___ no If so, how many?____

Has your child had tubes placed in the ear(s)? ___ yes ___ no

Has your child ever worn hearing aids or used an FM system in the school? ___ yes ___ no

How is your child performing in school? _____

North Houston Hearing Solutions, L.L.C.
Audiology & Hearing Aids

8515 Spring Cypress Rd, Ste 105, Spring, Texas 77379
281-444-9800 281-257-1594(Fax)
www.NorthHoustonHearing.com

List of Medications	
Medication	**Condition**

North Houston Hearing Solutions, L.L.C.
Audiology & Hearing Aids

8515 Spring Cypress Rd, Ste 105, Spring, Texas 77379
281-444-9800 281-257-1594(Fax)
www.NorthHoustonHearing.com

Insurance Authorization and Financial Policy

Thank you for choosing North Houston Hearing Solutions as your audiology provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy read, agree to, and sign prior **to testing or fitting of hearing aids.**

OFFICE SERVICES: Responsibility for payment of your bill is your obligation regardless of insurance **coverage. Insurance is filed as a courtesy to you. Your insurance policy is a contract between you and your** insurance company. We cannot guarantee payment of your claims. We want to make sure, however, that **you understand payment for service is your responsibility. You will be responsible for all non-covered services, amounts exceeding allowed charges, co-pays and deductibles, including Medicare. All co-pays are** due at time of service.

CASES INVOLVING LITIGATION: We consider the patient, not the attorney, to be responsible for all fees.

INSURANCE AUTHORIZATION: I hereby authorize North Houston Hearing Solutions, LLC, to furnish information to my insurance carriers and physicians concerning my illness or treatment, or my child's illness or treatment.

I acknowledge responsibility for payment of all medical fees regardless of any insurance I may have to assist me in this responsibility. If, for any reason, the account should become delinquent, I agree to pay all collection and legal fees. I have read, understood, and agree to the above Financial Policy.

I have read and received a copy of Notice of Privacy Practices.

Signature:_____ **Date:** _____

North Houston Hearing Solutions, L.L.C.
Audiology & Hearing Aids

8515 Spring Cypress Rd, Ste 105, Spring, Texas 77379
281-444-9800 281-257-1594(Fax)
www.NorthHoustonHearing.com