

Newborn Screening Intake

Board Certified Doctor of Audiology
521 E. Main Street Jenks, OK 74037
(918) 779-7500 Fax: (918) 995-2333

Personal Information

Date of Intake: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____ Relationship: _____

Email: _____

Occupation: _____ Employer: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Insurance Policy Holder: _____ Date of Birth: _____

Insurance Carrier: _____ Group Number: _____

Member ID: _____

Pediatrician's Information

Pediatrician: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Send Report? Yes No

Notice of Parental/Guarantor Responsibilities

You are responsible for all the fees associated with the care your child receives.

Payment is expected at the time of the service unless other arrangements have been made in advance.

It is your responsibility to understand your benefits and all obligations set forth by your insurance company.

Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of your claims or accept responsibility for negotiating claims with your insurance company. As a courtesy we will be happy to help you determine the coverage you have available. Signing below authorizes The Hearing Doctor/Brandy D. Vowell, AuD to have assigned benefits of all charges submitted and to receive payment directly from the insurance company, and acknowledges responsibility for payment of bill in full by insured if insurance does not cover 100% in a timely fashion. Patient is responsible for entire medical bill regardless of amount paid/allowed by insurance. I am aware that services not covered by my insurance may include the following: case history review, diagnosis and recommendations, counseling, wax removals, vestibular testing, tinnitus exams, hearing aid checks, OSHA/workers compensation reviews, and hearing protection. I hereby authorize The Hearing Doctor/Brandy D. Vowell, AuD to release all information necessary to secure payment from my insurance and to provide my family physician with results regarding my appointment as The Hearing Doctor/Brandy D. Vowell, AuD deems necessary.

By signing below, I acknowledge that have read and understood the above information.

Print Patient Name

Signature of Parent/Guardian

Newborn Screening Intake

Board Certified Doctor of Audiology
521 E. Main Street Jenks, OK 74037
(918) 779-7500 Fax: (918) 995-2333

Birth History

Name of Hospital: _____

Prematurity: Yes No

Gestational Age at Birth: _____ weeks

Jaundice: Yes No

Complications during pregnancy/delivery: _____

Medical attention following birth: _____

Blood transfusion Yes No

Medications Yes No

Cleft Palate Yes No

Craniofacial Anomalies Yes No

C-Section Yes No

Lack of Oxygen Yes No

Please explain if you answered yes to any of the above:

Duration of labor: _____

Did any family member smoke cigarettes in the household during pregnancy? Yes No

Did your child pass the newborn hearing screening? Yes No If no, which ear(s) failed Right Left Both

Birth weight _____

Family History

Is your child adopted? Yes No

Did/Does any family member have any of the following diagnoses:

	Mother	Father	Sibling
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD/ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism/PDD/Asperger's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulation Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditory Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Newborn Screening Intake

Board Certified Doctor of Audiology
521 E. Main Street Jenks, OK 74037
(918) 779-7500 Fax: (918) 995-2333

Medical History

Does your child present with any of the following medical conditions?

- Head trauma/injury
- Seizure disorders
- Visual problems
- Syndrome_____
- Hearing Loss
- High Fever

Does your child currently take medication? Yes No

List:

Does your child currently receive any outpatient therapy services?

- Speech/Language
- OT
- PT
- SI
- Other:_____

Additional

Comments/Observations/Concerns:_____
