



# Hearing Wellness Center

HEALTHY HEARING FOR LIFE

## Patient Registration Form

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Address, if different: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: Male or Female

Marital Status: Single Partnered Married Divorced Widowed

Name of Spouse, if applicable: \_\_\_\_\_

Employment Status: Full Time Part Time Retired

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Would you like us to send a copy of your results and/or report to (please check ALL that apply):

- Referring Physician
- Primary Care Physician
- Other: \_\_\_\_\_

How did you hear about us? (Please check ALL that apply)

Phone Book     Sign     Internet     Health Fair     Website     Newspaper  
 Family Member     Doctor     Friend     Open House     Direct Mail     Other: \_\_\_\_\_

**We will make a copy of the front and back of your insurance cards for our records.**

Name of insured, if other than the patient: \_\_\_\_\_ Date of Birth of Insured: \_\_\_\_\_

Employer of Insured: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

I certify this is filled out to the best of my knowledge. I authorize Hearing Wellness Center to send me educational information on new products and services that may become available.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please tell us how we are doing so far! We value our patients' opinions and use your input to improve our services and facilities regularly!**

<b>Initial Contact:</b>	<b>Needs Improvement</b>			<b>Excellent Service</b>	
Ease of making an appointment	1	2	3	4	5
Friendly voice on the phone	1	2	3	4	5
Office was accessible/easy to find	1	2	3	4	5
Office waiting was clean & comfortable	1	2	3	4	5
Staff was friendly and helpful	1	2	3	4	5

**Please note anything we could do to make your initial visit more comfortable:**