



4045 Hempstead Turnpike, Suite 202, Bethpage, NY 11714 – (516) 396-1017
 2800 Marcus Avenue, Suite 207, Lake Success, NY 11042 – (516) 622-3387
 1100 Franklin Avenue, Suite 300, Garden City, NY 11530 – (516) 248-0068
 333 East Shore Road, Suite 102, Manhasset, NY 11030 – (516) 466-0206
 3529 Long Beach Road, The Sands Shopping Center, Oceanside, NY 11572 – (516) 442-5322
 Southern Boulevard, Suite 4, Nesconset, NY 11767 – (631) 238-5785
 1500 Route 112, Bldg 6 – Suite H, Port Jefferson Station, NY 11776 – (631) 928-4599
 994 Jericho Turnpike., Suite 203, Smithtown, NY 11787 – (631) 543-1059
 5964 Route 25A, Wading River, NY 11792 – (631) 886-2770
 510 Montauk Highway, Suite H, West Islip, NY 11795 – (631) 332-3274

Pediatric Intake

Child’s Name:

Sex: Male Female Date of Birth:

Referred by:

Reason for Testing:

Name/Address of Pediatrician:

Has the child ever been to this center? YES NO

Parent/Guardian:

Address:

Phone Number(s):

Insurance: Policy Number:

Group Number: Relationship to Insured:

Insurance Address:

Policy Holder: Policy Holder DOB:

Policy Holder SSN:

Policy Holder Address:

Policy Holder Employer:

Employer’s Address:

Employer’s Phone Number:

Do you suspect any hearing loss? YES NO POSSIBLY

Does your child have any history of ear problems? YES NO

Does your child have any history of developmental delays?

Does your child receive any therapies/services? YES NO

If yes, please list:

Does your child take any medications? YES NO

If yes, please list:

Does your child have any significant medical problems? YES NO

 If yes, please explain:

Name of hospital where your child was born:

Were there any complications with the pregnancy and/or delivery? YES NO

 If yes, please explain:

Was your child in the NICU? YES NO

 If yes, please explain:

Is there any family history of hearing loss? YES NO

 If yes, please explain:

Has your child ever experienced any of the following?

 Ear Infections YES NO

 Drainage from ear YES NO

 E.N.T. surgery YES NO

 Tonsils and/or Adenoid problem(s) YES NO

 Cerumen (wax) problem YES NO

 Imbalance or dizziness YES NO

Please list any additional information that would be useful for our evaluation: