

**Wake Audiology & Hearing Aid Associates**  
**1954 S Main Street / Wake Forest, NC 27587**  
**Phone 919-570-8311 - Fax 919-573-0797**

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**PATIENT INFORMATION FORM**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employed By \_\_\_\_\_ Not Employed \_\_\_\_\_ Retired \_\_\_\_\_

Name of Spouse or Significant Other \_\_\_\_\_

Person to contact in case of an emergency \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ City \_\_\_\_\_

Whom may we thank for referring you to our office (i.e. Physician, Family, Friend, Internet)?  
\_\_\_\_\_

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_  
(Give copy of insurance card) (Give copy of insurance card)

Policy Holder's Name \_\_\_\_\_ Policy Holder's Date of Birth \_\_\_\_\_

I authorize Wake Audiology & Hearing Aid Associates to release information requested to process insurance claims.

I have read all the information on this form and certify that this information is correct to the best of my knowledge. I will notify Wake Audiology & Hearing Aid Associates of any changes in my health status or in the above information.

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

Parent Signature if Minor \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

By signing below, I acknowledge that I received a copy of Wake Audiology & Hearing Aid Associates' Notice of Privacy Practices. The Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full Notice. I understand that a copy of the current Notice will be posted in the reception area and the website and that any revised Notice of Privacy Practices will be made available.

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Date

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**For Staff Only:** Photo ID Verified: Staff Initials \_\_\_\_\_ Date \_\_\_\_\_