



Patient Information Form

Patient Information

Patient Name: _____ Date of Birth: ___/___/___ Age: _____
Last First MI mo day year

Gender: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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

Referred by: _____ Primary Care Physician: _____

Other specialists involved in care: _____

Primary reason(s) for today's visit: _____

Insurance Information

Person Responsible for Account: _____
Last First MI

Primary Insurance Company: _____

Subscriber's Name: _____ Subscriber's Date of Birth: _____

Group Number: _____ ID Number: _____

Secondary Insurance Company: _____

Subscriber's Name: _____ Subscriber's Date of Birth: _____

Group Number: _____ ID Number: _____

Assignment and Release

Please Note: We will happily bill your primary insurance carrier and secondary insurance carrier, if applicable.

Assignment and Release: I hereby authorize Evergreen Speech and Hearing Clinic, Inc. to release any information required by appropriate agencies or insurance companies. I also authorize my insurance benefits to be paid directly to Evergreen Speech and Hearing Clinic. I am financially responsible for any unpaid balance.

Signature of Patient or Legal Guardian: _____ Date: _____



Patient Name: _____

Date of Birth: _____

Audiology • Hearing Testing • VRA • VNG/VEMP • OAE • BAER/ECochG • Hearing Aids • Cochlear/Bone Implants • Tinnitus • CAPD • EHDDI
Speech-Language Pathology • Language • Voice • Accent Modification • Autism • Evaluation & Treatment • Pediatric & Adults

Accent History Form

General

Patient Name: _____

Date of Birth: _____ Today's Date: _____

Please list those living in your home and their relationship to you: _____

Language History

What is your native language? _____

What country did you grow up in? _____

How long have you been speaking English? _____

Where did you learn to speak English? _____

How long have you lived in the United States? _____

When do you speak English? _____

When do you speak your native language? _____

What other language(s) do you speak? _____

Have you ever been to a speech-language pathologist before? YES NO

Do you have any history of hearing loss or medical conditions that impact your communication? YES NO

If yes, please explain: _____

Accent Modification

What is your primary motivation for seeking accent modification? _____

How do you hope to benefit from improving your spoken English? _____

English Proficiency

When do you feel most confident speaking English? (i.e. home, work, social occasions, etc.) _____

When do you feel least confident speaking English? (i.e. home, work, social occasions, etc.) _____

How would you describe your ability to use English to express yourself in daily life? _____



Evergreen Speech & Hearing Clinic, Inc.

Transforming Lives Through Improved Communication Since 1979

www.everhear.com

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Do other have difficulty understanding you? YES NO

Please rate the following from 1-5 (1: poor, 5: good)

My pronunciation of English: _____

My proficiency in English: _____

My ability to write in English: _____

Below are statements that many people have used to describe their accents and the effects that it has on their lives. Circle the response that indicates how frequently you have the same experience (0: never, 1: almost never, 2: sometimes, 3: almost always, 4: always)

- 0 1 2 3 4 I use the phone less often than I would like to
- 0 1 2 3 4 People ask me to repeat myself when speaking face-to-face
- 0 1 2 3 4 My accent restricts my personal and social life
- 0 1 2 3 4 I feel left out of conversations because of my accent
- 0 1 2 3 4 My accent causes me to lose income
- 0 1 2 3 4 I am tense when talking to others because of my accent
- 0 1 2 3 4 People seem irritated with my accent
- 0 1 2 3 4 Having an accent upsets me
- 0 1 2 3 4 I feel annoyed when people ask me to repeat
- 0 1 2 3 4 I feel embarrassed when people ask me to repeat