



LEXINGTON

HEARING AND SPEECH CENTER, INC.

74-20 25th Avenue, East Elmhurst, N.Y. 11370
 (718) 350-3171 ♦ (718) 458-1367 (FAX)

CHILD INTAKE FORM

TODAY'S DATE: ____/____/____

PATIENT INFORMATION/ INFORMACION DEL PACIENTE							
Last name / Apellido	First / Nombre	M.	Sex: Male/Female <i>Sexo: F / M</i>		DOB: Fecha de Nacimiento		
Street Address: <i>Direccion</i>					Home Phone No.: <i>Telefono</i>		
City: <i>Ciudad</i>	State: <i>Estado</i>	ZIP Code: <i>Zona Postal</i>		Language: <i>Idioma:</i>			
Mother's Name <i>Nombre de la Madre</i>			Father's Name <i>Nombre del Padre</i>				
Who referred you to this clinic? <i>Referido a la clinica por: (porfavor indique por quien)</i>		<input type="checkbox"/> Doctor	<input type="checkbox"/> Hospital	<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Agency/School	<input type="checkbox"/> other
Name and Contact of Referring Provider:							
Reason for Referral: <i>Cual es la razon de esta visita?</i>							
Primary Doctor's Name/Address/Telephone No.							
INSURANCE INFORMATION/INFORMACION DEL SEGURO MEDICO							
(REQUIRED INFORMATION)							
<i>(Please give your Insurance card to the receptionist.) Porfavor de su tarjeta del seguro al recepcionista</i>							
Primary Insurance Name:							
Policy Holder Name:				Relationship to Policy Holder: Self / Spouse / Child / Other			
Policy Holder Date of Birth:							
Policy Holder Social Security No.:							
Medicaid #		Private Ins.#			Other Insurance #		
MEDICAL HISTORY STATUS / HISTORIAL MEDICO							
Did the mother take any medications during the pregnancy? If so please state reason? <i>Que medicinas tomo la madre durante el embarazo y por que?</i>							
How long was the pregnancy? <i>Cuanto tiempo duro el embarazo?</i>				What hospital was the baby born? <i>Que hospital nacio el bebe?</i>			
How long was the actual birth? <i>Cuanto tiempo duro el parto?</i>				How was the baby born? <i>Como nacio el bebe? C-seccion o Natural</i>			
How much did the baby weigh? <i>Cuantas libras peso el bebe?</i>				How long did the baby stay in the hospital? And the mother <i>Cuanto permanecio el bebe en el hospital? Y la mama?</i>			
Were there any surgical instruments used during the delivery? <i>Se utilizo algun instrumento medico durante el nacimiento?</i>							
Were any medications given to you during the delivery? <i>Se administraron medicamentos durante el parto?</i>							
Was the baby born healthy? <i>Nacio el bebe saludable?</i>							
Was the baby born jaundiced? <i>Nacio el bebe Amarillo?</i>							
Was the baby born with respiratory problems? <i>Nacio el bebe con problemas respiratorios?</i>							
Did the baby require supplemental oxygen at birth? <i>Necesito el bebe oxigeno al nacer?</i>							
Did the baby need antibiotics or any other medicines? If so please list them. <i>Necesito el bebe antibioticos y otras medicinas al nacer? Si ese es el caso listelos por favor.</i>							
Did the baby require any other procedure shortly after the birth? <i>Que otro procedimiento el bebe necesito al nacer o poco despues de su nacimiento</i>							

Turn over

