

Child's Last Name: _____ **First Name:** _____
(as it appears on health card)

Preferred Name: _____ **Health Card #:** _____
(if different)
Parent/Guardian Name: _____

Child's Address:

City: _____ **Postal Code:** _____ **Phone:** _____

Parent's Email:

Date of Birth (DD/MM/YYYY): _____ **GENDER:** _____

HCAI ACSD NIHB OW
 ID #: _____

Pediatrician/Family Doctor: _____ **Address:** _____

Emergency Contact Name: _____ **Phone #** _____

Relationship: _____

Hearing testing and amplification prescriptions are performed by Audiologists who are regulated by the Regulated Health Professions Act (RHPA). Some services such as hearing aid maintenance and instructions for care are provided by trained Hearing Instrument Dispensers and Audiology Assistants who are not regulated under RHPA. London Audiology Consultants will collect personal information to serve its client's needs and will maintain the security and privacy of this information in accordance with our privacy policy, which is available to read. If hearing aids are ordered, personal information released to the manufacturer will include name, date of birth, hearing test results and information about the size and shape of the ears. If you are covered by a third party insurance that receives special pricing from the hearing aid manufacturers we are required to provide your identification number for billing purposes. I consent to the collection of this information.

Guardian/Parent's Signature: _____ **Date:** _____

1. How did you hear about us? _____

2. Is there concern regarding your child's hearing? YES NO If yes, please explain: _____

3. Has your child had a hearing test before? _____ When and where? _____

4. Are there any current speech concerns? _____ If yes, Please describe concerns: _____

5. Does anyone in your child's family have a hearing loss? _____ Who? _____

6. Has your child worn hearing aids previously? YES NO If "Yes" year purchased _____