HASA CIRS Interpreting Gateway School Hearing and Speech-Language Services

The Hearing and Speech Agency | Harry & Jeanette Weinberg Building | 5900 Metro Drive | Baltimore, MD 21215
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PERSON COMPLETING FORM: ______________________________ DATE COMPLETED______________

GENERAL INFORMATION

Name ______________________________ Birth Date ______________

Address ______________________________

Email ______________________________ Phone ______________

Female ____ Male ____ Other ____ Social Security # ______________ ______ Race ______________

Insurance Carrier ______________________________ Policy Holder______________

Insurance Member ID # ______________ Group # ______________Policy Holder D.O.B.______________

MA # ______________Managed Care Organization ______________

Claims Address ______________________________

Referred by ______________________________

MEDICAL – Check All Diagnoses That Apply

___ADHD
___Allergies
___Anxiety Disorder
___Apraxia
___Asthma
___Autism
___Stroke
___Bleeding Problems
___Lead Poisoning
___Diabetes
___Epilepsy/Seizures
___Fragile X Syndrome
___Head Injury
___Heart Disease
___Respiratory Illnesses
___Hearing Loss
___Hospitalizations/Surgeries
___Intellectual Disability/ Development Disorder
___Metabolic Problems
___Seizures
___Vision Loss
___Alzheimer's and/or Dementia

Is there anything else you want to tell us about your medical history?______________________________

Physician ______________________________ Date of Last Physical ______________

Address ______________________________ Phone ______________

Medications______________________________

I am concerned about my (check all that apply):

___Ability to communicate
___Academic success
___Reading
___Hearing
___Social interaction
___Speech clarity (production of sounds)
___Spelling
___Voice
___Stuttering
___Understanding of language
___Writing

Has anyone in your family ever had a speech, language, reading, or hearing problem? Yes ____ No ____

What are you hoping to get out of your experience with HASA?______________________________

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