



**Little Falls Hearing Clinic**

(320) 616-6850, f (320) 414-0395

109 5<sup>th</sup> St NE, Ste 2

Little Falls, MN 56345

[www.littlefallshearing.com](http://www.littlefallshearing.com)

## Patient Intake Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address (used for service/appointment reminders):

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone#: \_\_\_\_\_

Primary Provider (Dr.) Name: \_\_\_\_\_

How did you hear about us?:

\_\_\_\_ Family/friend      \_\_\_\_ Radio      \_\_\_\_ Previous Patient

\_\_\_\_ Doctor referral      \_\_\_\_ Internet      \_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Insurance referral      \_\_\_\_ Drive-by