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 _____

Female ◉ Male ○ 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?