

**Patient History**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Referring Physician \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

What is your primary reason for this visit: \_\_\_\_\_

Are you concerned about your child's hearing? \_\_\_\_\_

Are you concerned about your child's speech? \_\_\_\_\_

Is there a family history of hearing loss? \_\_\_\_\_

Is there a family history of speech delay? \_\_\_\_\_

Has this child had frequent ear infections? \_\_\_\_\_ Date of last episode \_\_\_\_\_

Were there any complications at time of birth? \_\_\_\_\_

Weeks of gestation \_\_\_\_\_ Birth Weight \_\_\_\_\_ Apgar Score \_\_\_\_\_

Were there health complications during the first months of life? \_\_\_\_\_

Were any of the following present:

NICU or longer than normal hospital stay \_\_\_\_\_ Jaundice \_\_\_\_\_ No response to sound \_\_\_\_\_

Infection at birth \_\_\_\_\_ In an incubator \_\_\_\_\_ Use of mechanical ventilator \_\_\_\_\_

Physical abnormalities \_\_\_\_\_ High fevers or seizure \_\_\_\_\_

Did your child pass the newborn hearing screening \_\_\_\_\_

What ages did your child: Sit alone \_\_\_\_\_ Walk \_\_\_\_\_ Say first word \_\_\_\_\_

Is your child diagnosed with a genetic disorder or developmental delay? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Has your child any history of head injuries, major illness, high fevers or hospitalizations? \_\_\_\_\_

Is your child taking any medication of a regular basis? \_\_\_\_\_ List medications  
\_\_\_\_\_

**General Financial Policies**

**Insurance Disclosure**

Please read and sign the following. If you have any questions about this form, please call (864) 331-1400.

I understand that I am responsible for contacting my Insurance Company or Primary Care Physician for authorization of any visits to Clarity before my appointment date. I understand that prior authorization by my insurance company is not a guarantee of payment, and that I am responsible for all costs not covered by my Insurance Company. These costs include, but are not limited to: services provided which are not covered by my policy, balances after insurance payment, or failure to obtain authorization before my appointments. I understand that I may be required to pay all amounts owed at the time services are rendered.

**If there are any changes to your or your child's insurance between now and the time of your appointment, please notify us because your new insurance may not cover your service.**

\_\_\_\_\_  
Signature of Patient or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Date of Birth

I authorize the release of any medical or other information to the insurance company that is necessary to process my insurance claim(s).

\_\_\_\_\_  
Signature of Patient or Parent//Guardian

\_\_\_\_\_  
Date

**Late Cancellation and no-show policy:**

If for any reason, you are unable to keep this appointment, we request you call us 24 hours in advance at 864-331-1400 to cancel or reschedule. If **two** appointments (in any six month time period) are missed or cancelled with less than 24 hours notice, we will reschedule the appointment **after** a six month waiting period from the time of the missed appointment.

I acknowledge that I understand the late cancellation and no-show policy.

\_\_\_\_\_  
Signature of Patient or Parent//Guardian

\_\_\_\_\_  
Date



## Directions to the Center for Developmental Services

29 North Academy Street Greenville, SC 29601  
(864) 331-1300

### From Anderson

- Take I-85 to Exit 42 in Greenville (I-185)
- Take I-185 into Greenville (2.4 miles)
- I-185 becomes Mills Ave./29
- Drive 1 mile on Mills Ave. to Augusta St./25
- Turn left onto Augusta St.
- Drive about 1 mile to intersection of Pendleton, River, Main, and Augusta Streets -- veer left onto River St.
- Turn left onto Camperdown Way
- Turn right onto Academy St.
- Cross McBee Ave. and Washington St.
- Building is on the left on the corner of Hampton and Academy Streets

### From Spartanburg:

- Take I-85 to I-385 North
- Merge onto I-385 North via Exit 51
- I-385 becomes East North St. as you approach downtown
- Take a right on Academy St. and drive 1.1 miles
- Building is on the right on the corner of Hampton and Academy Streets

### From Easley:

- Take U.S. 123 N. to Greenville
- Becomes Easley Bridge Highway/U.S. 123 N.
- Cross Pendleton St. -- becomes S. Academy St./U.S. 123 N.
- Drive about 1.3 miles -- cross Washington St.
- Building is on the left on the corner of Hampton and Academy Streets

### From Greer:

- Take Wade Hampton Blvd./U.S. 29 S. to Greenville
- Veer left onto Church St.
- Turn right onto Academy St.
- Cross Buncombe St. -- drive one block
- Building is on the right on the corner of Hampton and Academy Streets

### From Laurens and the Golden Strip area:

- Take I-385 into Greenville
- Cross Church St./U.S. 29 (pass Bon Secours Wellness Arena, formerly Bi-Lo Center) -- street name becomes Beattie Pl.
- Cross Main St. -- street name becomes College St.
- Turn left onto Academy St.
- Building is on the right on next block on the corner of Hampton and Academy Streets

### From Travelers Rest:

- Take Poinsett Highway/U.S. 276/U.S. 25 south to Greenville
- Becomes Rutherford St.
- Turn left onto Buncombe St.
- Drive a half mile -- turn right onto Academy St.
- Building is on the right on the next block on the corner of Hampton and Academy Streets

29 North Academy Street Greenville, SC 29601 (864)331-1400 FAX (864)331-1416

Child's name \_\_\_\_\_  
Child's DOB \_\_\_\_\_