

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

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

Street

City

State

Zip

Parent/Guardian's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Reason for Referral:**  Direct MD referral  Family Request  School Request

1. Do you have any concerns for your child's hearing?  Yes  No

2. Has your child had a lot of ear infections?  Yes  No

If yes what was the treatment? \_\_\_\_\_

3. What problems are being noticed at home? \_\_\_\_\_

4. What problems are being noticed at school? \_\_\_\_\_

5. Is there any history of learning disabilities within the family?  Yes  No \_\_\_\_\_

6. What subjects is your child having difficulties with? \_\_\_\_\_

7. Does your child often require that information be repeated?  Yes  No \_\_\_\_\_

8. Does your child delay when responding to others?  Yes  No

9. Does your child have difficulty remembering things?  Yes  No

10. Is your child unorganized?  Yes  No

11. Does your child have trouble following directions?  Yes  No

12. Are there any articulation errors that are evident?  Yes  No

13. Does your child have difficulty expressing him/herself?  Yes.  No

14. Does your child have poor handwriting?  Yes  No

15. Does your child have a poor attention span?  Yes  No

16. What accommodations are being made in the school system? \_\_\_\_\_

17. Is your child currently receiving special services?  Yes  No

If yes, please explain: \_\_\_\_\_

Notes: \_\_\_\_\_

I the undersigned, have been informed that my insurance carrier(s) will be billed for services rendered when applicable, but I retain responsibility for payment.

X: \_\_\_\_\_ Date: \_\_\_\_\_

**Locations**

2900 Delaware Avenue  
Kenmore, NY 14217

4855 Camp Road, Ste 400  
Hamburg, NY 14075

2721 Transit Road  
Elma, NY 14059

6930 Williams Rd, Ste 3200  
Niagara Falls, NY 14304

450 North Main Street, Suite 1  
Warsaw, NY 14569

Westfield Memorial Hospital  
189 East Main St  
Westfield, NY 14787

100 College Parkway, Ste 101  
Williamsville, NY 14221

17 Limestone Drive, Suite 5  
Williamsville, NY 14221