

**HEARING ASSOCIATES, P.C.**

250 SOUTH CRESCENT DRIVE SUITE 100  
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Stuart Trembath, M.A., CCC-A  
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Marlys Ebaugh, MA

**NEW PATIENT INFORMATION**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST MM/DD/YYYY

PREFERRED NAME \_\_\_\_\_ MALE/FEMALE

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BEST PHONE # TO CONTACT \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYMENT STATUS FT \_\_\_ PT \_\_\_ NOT EMPLOYED \_\_\_ RETIRED \_\_\_

EMPLOYER \_\_\_\_\_

MARITAL STATUS SINGLE \_\_\_ MARRIED \_\_\_ WIDOWED \_\_\_ DIVORCED \_\_\_

SPOUSE'S NAME FIRST \_\_\_\_\_ LAST \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

RESPONSIBLE PARTY NAME \_\_\_\_\_

(IF OTHER THAN SELF)

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ LOCATION \_\_\_\_\_

INSURANCE POLICY HOLDER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

(IF OTHER THAN SELF) FIRST M LAST MM/DD/YYYY

WHERE EMPLOYED \_\_\_\_\_