



Office Use Only
Chart Links MR#
CIVIC ID#

DEMOGRAPHIC DATA SHEET

Name: Birthdate:
Zip Code: Date of Service: Gender: M F

The United Way of Central Ohio and other funders require us to report certain information about the people that we serve. It is also important to us that our services are provided in a manner which respects each person's cultural background.

Person served:

- N - No not of Hispanic, Latino or Spanish origin
Y - Hispanic, Latino, or Spanish origin

Please mark the choice which best describes the race/ethnicity of the person served:

- White/Caucasian (C) Asian (A)
Black or African-American (B) Bi-racial (BR)
African (AF) Multiple races (M)
American Indian or Alaskan Native (N) Other (O)

If the person served is an immigrant, please provide the country of birth:

Household Income:

- Below \$4,999 (A) \$20,000 - \$39,999 (D) \$80,000 & above (G)
\$5,000 - \$9,999 (B) \$40,000 - \$59,999 (E) Do not wish to disclose (R)
\$10,000 - \$19,999 (C) \$60,000 - \$79,999 (F)

Number of people who live in the household:

Thank you very much for your assistance in providing us with this information.

Business office use only

Client Name _____ SLP/Audiologist _____

6-years of age, or older (*no need to complete form*)

AUDIO DETECTION

Hearing Loss Detected Yes No

If yes,

- Audio follow-up recommended
- Medical follow-up recommended

Speech Screening indicates full evaluation needed Yes

SNHL

SPEECH/LANGUAGE DETECTION

Speech/Language Delay/Disorder Detected Yes No

Therapy Recommended DX: _____

Hearing Screening indicates full evaluation needed Yes

VERIFICATION

- Yes, appointment made
- Yes, appointment kept
- Yes, but did not keep appointment
- No, on waiting list
- No, did not make appointment
- No appointment necessary
- Client refused to provide information

Attempted contact on 1) _____

Attempted contact on 2) _____

Attempted contact on 3) _____

Unable to contact