



COLUMBUS SPEECH & HEARING

EST. 1923

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. Therefore we are asking you to provide us with the following information about the person who will be receiving services. When we report this demographic information to United Way or other funders **we will not use your name**. Although we do hope you will provide us with this information, you are certainly not required to do so.*

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

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

Household Income:

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

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