



**Jagadish M. Swamy, AuD, CCC-A, F-AAA**  
President | Board Certified Audiologist  
**Jennifer Larmann, AuD**  
Board Certified Audiologist

## Thank you for choosing Clear Sound Audiology!

Welcome! We look forward to providing you the best hearing healthcare services to be found anywhere!

If you are new to Clear Sound Audiology, included in this packet you will find your initial paperwork, as well as information about our practice.

Please complete these forms and bring them to your first visit, along with your photo ID and insurance cards. Family members are always welcome and even encouraged to join you on your visit. Feel free to call with any questions you may have prior to your visit.

We look forward to meeting you!

Our services include, but are not limited to:

- Comprehensive hearing testing
- Hearing aid evaluation and fitting
- Real ear measurement and verification
- All-make hearing aid repair and check
- Custom swim plugs and musician ear plugs
  - Custom noise plugs and ear muffs
  - Custom ear molds and monitors
    - Assistive listening devices

# 352-505-6766

**HEAR NOW, HEAR ALWAYS.**

2240 NW 40<sup>th</sup> Terrace, Suite C, Gainesville, FL 32605 | P: 352-505-6766 | F: 352-505-3368  
[info@clearsoundaudiology.com](mailto:info@clearsoundaudiology.com) | [www.clearsoundaudiology.com](http://www.clearsoundaudiology.com)

## Meet Our Audiologists!



**Dr. Jagadish Swamy** studied Audiology in India, where he earned his Master's in Speech and Hearing, and a Master's in Linguistics. In 2002, he earned his Doctorate of Audiology from the University of Florida. Dr. Swamy has been a practicing audiologist for 20 years, and is a Board Certified Chief Clinical Audiologist. Dr. Swamy's practice combines advanced technology with extensive audiology training, providing exceptional care.

**Dr. Jennifer Larmann** received her Doctorate in Audiology from Nova Southeastern University. She received her Bachelor of Science degree in Speech Pathology and Audiology from West Virginia University. Dr. Larmann's passion is improving her patient's quality of life through better hearing by working together to meet their individual goals and needs.



**Anna David** is a fourth-year extern, finishing her doctoral degree in Audiology from the University of Florida. She also received her bachelor's degree in Communication Sciences and Disorders, with a minor in Communication Studies from the University of Florida. Her clinical experience includes both pediatric and adult diagnostics, hearing aids, bone-anchored devices and cochlear implants. Anna is involved in auditory computation and psychophysics research at the University of Florida.

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DATE: \_\_\_/\_\_\_/\_\_\_

SCYLE ID: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

PATIENT NAME: \_\_\_\_\_

GENDER: MALE \_\_\_ FEMALE \_\_\_

PREFERRED NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) - \_\_\_\_\_

\_\_\_\_\_

WORK PHONE: (\_\_\_\_) - \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) - \_\_\_\_\_

### LEGAL INFORMATION

RESPONSIBLE PARTY:  SELF  OTHER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) - \_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

### EMPLOYMENT INFORMATION

EMPLOYMENT STATUS:  FULL TIME  PART TIME  RETIRED  UNEMPLOYED  ACTIVE MILITARY  STUDENT

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

### REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT OUR OFFICE?  ONLINE  3<sup>rd</sup> PARTY (WORKERS COMP/VOC REHAB)

COUNTY  COMMUNITY EVENT  STAFF  ADVERTISING: \_\_\_\_\_

FAMILY/FRIEND: \_\_\_\_\_ (Are they a patient here?)  YES  NO

PHYSICIAN: \_\_\_\_\_ (Would you like a report sent?)  YES  NO

### MARITAL INFORMATION

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  PARTNERED  WIDOWED  OTHER

SPOUSE NAME: \_\_\_\_\_

IS SPOUSE A PATIENT?  YES  NO

### EMERGENCY INFORMATION

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) - \_\_\_\_\_

### PROVIDER INFORMATION

PRIMARY PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) - \_\_\_\_\_

PREVIOUS AUDIOLOGIST: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) - \_\_\_\_\_



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SYCLE ID: \_\_\_\_\_

**INSURANCE INFORMATION**

PRIMARY INSURANCE NAME: \_\_\_\_\_

POLICY/GROUP/MEMBER NUMBER: \_\_\_\_\_ PLAN NAME: \_\_\_\_\_

RELATIONSHIP TO INSURED:  SELF  OTHER: \_\_\_\_\_

IF 'OTHER' -NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SECONDARY INSURANCE:  NONE  NAME: \_\_\_\_\_

POLICY/GROUP/MEMBER NUMBER: \_\_\_\_\_ PLAN NAME: \_\_\_\_\_

RELATIONSHIP TO INSURED:  SELF  OTHER: \_\_\_\_\_

IF 'OTHER' -NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**MEDICATIONS LIST**

IF NONE, CHECK HERE:

Name of Medication	Strength/Frequency	Condition Med Taken For	Prescribing Physician

**ALLERGIES**

IF NONE, CHECK HERE:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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