AudiologyAssociates
hear today, hear tomorrow

Patient Information Form

Today's Date

Patient Name
Title First M Last

DOB / /
mm dd yy

Mailing Address
Street City State Zip

Home Phone # Cell Phone # Work Phone #

Email Address ☐ Refused ☐ None
FOR INTERNAL USE

Is it ok to: ☐ Text your cell ☐ Email you ☐ Mail you

Patient's SSN I identify my gender as:

Retired? ☐ Y ☐ N Occupation
If retired, prior occupation

Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Spouse/Partner Name

Emergency Contact Phone #

Relation to Patient

Insurance Information

Please give your insurance information to our front office staff so we can make a copy for our records.

If the insurance is NOT under your name, please complete this section.

Name of Subscriber
First MI Last

DOB / /
mm dd yy

Relationship

Primary Care Physician Phone #
First MI Last Degree

Referring Physician Phone #
First MI Last Degree

Who should we send your report to: ☐ PCP ☐ ENT ☐ OTHER:

How did you hear about us?

☐ Mail ☐ Educational Class/Event ☐ Insurance

Website: ☐ Yelp ☐ Google ☐ Other:

First MI Last

☐ Referred by Friend

Patient has executed HIPAA authorization and agrees to receive 3rd party marketing materials.

☐ Agrees ☐ Declines 3rd party marketing

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Please read carefully and sign below

- I acknowledge that the Health Insurance Portability & Accountability Act (HIPAA) policy has been explained to me and offered to me by this office.
- You may release my health record information to the following:

  1.
  2.
  3.

- I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for professional services or purchases rendered.
- I have read all the information on this sheet, completed the above answers, and certify this information is true and correct to the best of my knowledge and hereby give Audiology Associates permission to treat my concerns.

I have read and understand all the above information.

Patient Signature (A copy of this signature is as valid as the original.)

Date