Central Florida Audiology & Hearing Clinic

NEW PATIENT INFORMATION

NAME______________________________________DATE OF BIRTH______________________

ADDRESS____

CITY____STATE______________ZIP______________

PRIMARY PHONE_________________________ SECONDARY PHONE_________________________

EMAIL ADDRESS____

SPOUSE'S NAME_______________________________ DATE OF BIRTH_________________________

INSURANCE_____________________________ PRIMARY POLICY HOLDER______________________

DO YOU CURRENTLY WEAR HEARING AID(S)? YES/NO **HOW LONG?**____________ **TYPE**__________

PERMISSION FOR TREATMENT

I hereby voluntarily consent to audiological care and audiological diagnostics by Central Florida Audiology & Hearing Clinic, deemed advisable and necessary in the diagnosis and treatment of my hearing condition. I acknowledge that no guarantees have been made to me as a result of examination or treatment in said office.

SIGNATURE____

PATIENT AUTHORIZATION RECORD

I authorize that my personal information, hearing healthcare treatment and financial information may be disclosed to the following individuals (e.g. spouse, family member, caregiver, friend, etc), when requested.

NAME	RELATIONSHIP	TELEPHONE #
____________________	____________________	____________________
____________________	____________________	____________________

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

_______ By initialing this line and signing below, I acknowledge that I received a copy of Central Florida Audiology & Hearing Clinic's Notice of Privacy Practices. The Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full Notice. I understand that a copy of the current Notice will be posted in the reception area, the website (if applicable) and that any revised Notice of Privacy Practices will be made available.

______________________________________	______________________________________
Printed name of patient or personal representative	Signature of patient or personal Representative

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Date