



Colorado Hearing, Ltd.
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HIPPA – Patient and Prospective Patient Acknowledgment Form

Patient/Prospective Patient's Name: _____ DOB: _____

Email: _____ Phone: _____

Full Address: _____

Support Person: _____

Does the above Support Person have Medical Power of Attorney? []Y []No

How Did You Find Us? _____

Primary Physician name: _____ location: _____

I Acknowledge:

- 1) That any uncompensated interactions with Colorado Hearing are understood as benevolent care for community health only and in no way obliges Colorado Hearing into a Patient/Provider relationship.
- 2) That I have been given the Notice of Privacy Practices
- 3) That if I become a patient, Colorado Hearing may use and disclose private health information (PHI) about me for treatment, payment, and healthcare operations, however I have fully detailed on this page all restrictions regarding how my PHI is to be used.

I give permission for Colorado Hearing to:

Leave a message regarding an appointment at: _____ (phone)
Leave a message regarding test results at: _____ (phone/email)
Share my information with the following persons:

[] The above listed Primary Physician

Signature: _____ Date: _____

FAVORITE RESTAURANT: _____

HEARING HEALTH SELF-REPORT for: _____

Symptoms/concerns/discomforts:

hearing loss-gradual onset sudden hearing loss ringing ear pain dizziness
 ear draining or bleeding ear injury/surgery/abnormalities

details: _____

Family History of Hearing Loss:

History of Ear Problems including head trauma and childhood maladies especially fevers:

Chronic Health Problems: (esp: COPD, diabetes, thyroid, neuropathy, cancer, and brain issues)

Compared to when I was 20 years old, I estimate my memory ability to be about _____%

Medications: (especially blood thinners, allergy, thyroid, and insulin)

Noise Exposure Types and duration, Extreme Cold Exposure:

Last Hearing Test mo/year results, experience with hearing aids:

Tinnitus (ear ringing)

sounds like: _____ *began at age:* _____ *severity:* _____

Toxic Exposures: (carcinogens including smoking, drinks/week, petrochemicals, insecticides, solvents, wood stove, air pollution, pain relievers, general anesthesia, animal borne diseases)

I have the most difficulty hearing when....

This is when I first noticed I may be having troubles hearing...

This is my hope for today's visit:
