

Hearing Associates Inc
1830 Blake Avenue Suite 203 Glenwood Springs, CO 81601
310 Market Street Suites 112-113 Basalt, CO 81621

Patient Information- Please Print

Date _____ Referred By _____

First Name _____ Middle _____ Last Name _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Spouse Name _____

Email _____

Birthday _____ Male / Female Single / Married / Widowed

Occupation _____

Is this your first hearing test? _____ Do you wear hearing aids? _____

Primary Physician Name/Office _____

Primary Physician Phone/Fax _____

Please check all that apply

Appointment Reminders Preference Email _____ Phone _____ Text _____

*I am aware and responsible for all financial obligations of health services for the above patient.
Payment is due when services are rendered.*

Signed X _____

Patient/Representative Signature

Signed X _____

I authorize release of information in my medical history to my primary physician.