



# HEARING ASSOCIATES

Gabriela Perez-Saenz, Au.D. • Bruce Schachterle, Au.D.

Michael Iliiff, Au.D. • John Molina, Au.D.

Doctors of Audiology

## Patient Profile and Consent:

Legal Name: \_\_\_\_\_  
First MI Last

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Marital status: \_\_\_\_\_  
mm dd year

Mailing Address: \_\_\_\_\_  
Street City State Zip

Patient's SSN: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Can we leave a message?  Yes  No

Can we leave a message?  Yes  No

Referring physician: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Occupation: \_\_\_\_\_

Current Employer: \_\_\_\_\_

### Primary Insurance Information:

### Secondary Insurance Information:

Primary Insurance: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Subscriber name: \_\_\_\_\_

Subscriber name: \_\_\_\_\_

Subscriber relationship: \_\_\_\_\_

Subscriber relationship: \_\_\_\_\_

Policy number: \_\_\_\_\_

Policy number: \_\_\_\_\_

Group number: \_\_\_\_\_

Group number: \_\_\_\_\_

### How did you hearing about us?

### Family Contact information:

Please check all that apply.

- Sponsored event
- TV Commercial
- Social media
- Google/Internet search
- Insurance provider
- Employer
- KOAA Healthy Family
- Physician
- Direct mail
- Website

Name: \_\_\_\_\_  
First MI Last

Relation: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone number: \_\_\_\_\_

Can we release results?  Yes  No

May we leave a message?  Yes  No

Emergency Contact?  Yes  No

Friend/current patient referral  
Who can we thank for the referral? \_\_\_\_\_



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1550 S Potomac St., #305 • Aurora, CO 80012

303-369-1096 PHONE • 303-369-1097 FAX  
[www.myhearingassociates.com](http://www.myhearingassociates.com)



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