

Patient Intake Form



211 W. Main St. Emmett, Idaho 83617
(208) 369-4307

Today's Date: ____ / ____ / ____

Last Name: _____ First Name: _____ M.I.: _____

Preferred Name: _____

Date of Birth: ____ / ____ / ____ Phone: (____) _____ Text Yes No

Address: _____

City: _____ State: _____ ZipCode: _____

Email: _____

Occupation: _____ Employer: _____

Spouse/Relative/Close Friend: _____ Phone: _____

What Are Your Hearing Concerns? _____

How Did You Hear About Us? _____

Notice of Privacy Practices – HIPAA

In accordance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA). A copy of our privacy practices are adhered to this patient intake clipboard and are available by request at anytime.

I hereby acknowledge that I have read the "Notice of Privacy Practices" and understand how my Personal Health Information (PHI) may be shared.

Signature: _____ Date: ____ / ____ / ____

For Office Use:

TNL TNS NT

Follow up notes:
