Rocky Mountain Comprehensive Health, P.C.

New Patient Medical History Form

Name: First ____________________ Last _________________________ Date of Birth: ___________
Address Street: ____
City: _________________________________ State: _________ Zip:____________________
Home Phone Number: ____________________ Mobile Phone Number: ____________________
E-Mail Address: _____________________________________

What is the primary reason for your office visit today?
____
When did your symptoms start? ____
What makes your symptoms better or worse? ______________________________________
What are your goals for treatment? ____
Is there any other health related issue you can share that could be impacting your health? Yes No
If Yes, explain:____
Primary Care Provider: ___________________________Telephone: ____________________

Occupation:_________________________ How did you hear about us?:___________________

Current Symptoms/Conditions: (Please check all symptoms that apply)

GEN
- Fatigue
- Fever
- Chills
- Weight gain/loss

ENT
- Headaches
- Dizziness, fainting
- Vision changes
- Nasal congestion
- Sore throat
- Difficulty swallowing
- Swollen glands

GI
- Constipation
- Diarrhea
- Bloating/gas
- Acid Reflux
- Nausea/vomiting
- Abdominal pain
- Black/ bloody stools

RESP
- Cough
- Shortness of breath

HEART
- Chest pain
- Heart palpitations
- Irregular Heartbeat

GYN
- Pelvic pain
- Vaginal discharge
- Irregular menstruation

GU
- Bladder infections
- Blood in urine
- Urinary urgency
- Urinary Frequency
- Waking to urinate
- Incontinence

SKIN
- Nail changes
- Acne
- Skin dryness
- Rashes
- Bruises easily

MS
- Muscle aches
- Joint pain
- Swelling in extremities

MOOD
- Anxiety
- Depression
- Irritability

NEURO
- Numbness/tingling
- Weakness

Personal Past Medical History: (Please check all that apply and include date diagnosed)

- Kidney Disease
- High blood pressure
- Stomach problems
- Autoimmune disease
- Depression
- Hormone problems
- Respiratory problems
- Breast problems
- High cholesterol
- Thyroid disorders
- Cancer or tumors
- Migraines
- Tuberculosis
- Blood disorder
- Osteoporosis
- Arthritis
- Diabetes
- Heartburn
- Fibroids
- Anxiety
- Stress
- Other

Name: First ____________________ Last _________________________Date of Birth:_________

Rocky Mountain Comprehensive Health, P.C.

New Patient Medical History Form

Family History:
Please list which family member(s) for each type(s) of diseases:

Thyroid disease________________________________ Osteoporosis ______________________________

Heart disease/High Blood Pressure ______________ Cancer______________________________________

Stroke/High cholesterol _____________________ Diabetes _____________________________________

Autoimmune conditions _________________________ Blood/clotting disorder ________________________

Kidney disease ________________________________ Other ____

Surgical History: (Please list all surgeries that you have had since birth and indicate the year it was performed)

____

____

____

____

____

Hospitalizations: ____

____

Injuries: (Include the year)____

____

Allergies to medications/foods/other (List reaction):____________________________________

____

Medications: (List dosage if possible)____

____

____

____

Supplements/Vitamins/OTCs: ____

____

____

Health Maintenance Screening Tests: (List most recent date)

Physical exam	Date	Abnormal?	Yes	No
Sigmoidoscopy or Colonoscopy:	Date	Abnormal?	Yes	No
Men & Women: Mammogram:	Date	Abnormal?	Yes	No
Women: pap smear:	Date	Abnormal?	Yes	No
Bone Scan:	Date	Abnormal?	Yes	No
Men: Rectal exam?	Date	Abnormal?	Yes	No

Social History:
What is your marital status?
Do you drink alcohol? Yes No If yes, how often?
Do you drink coffee or caffeinated drinks? ? Yes No If yes, how many cups per day?
Cigarettes? Yes No .Never Quit Date Current Smoker: packs/day & for years.
Cannabis use: Yes No If yes, what form? ____

Name: First ______________________ Last __________________________Date of Birth:_________

Rocky Mountain Comprehensive Health, P.C.

New Patient Medical History Form

Sleep:
How many hours of sleep do you get each night? hours
Do you have trouble falling asleep? Yes No Staying asleep? Yes No
Do you wake often? Yes No Do you wake refreshed? Yes No
Do you snore? Yes No Do you move a lot/are restless during the night? Yes No
Do you take any sleep "aids:" Yes No
Type: Supplements OTC medications Ambien trazadone other
What is your nightly routine prior to going to sleep?
Have you ever had an abnormal sleep study? Yes No
Do you use a CPAP machine or mouth guard? Yes No
Do you fall asleep with the TV on? Yes No

Movement/Exercise:
Do you exercise? Yes No If yes, what is the frequency/duration per week?
If yes, what activities? ____
Describe the physicality of your job: Sedentary Mild-Moderately Active Manual/Strenuous Varies
How many hours a day do you sit? (Include both work and home activities): ________________________

Technology/Screen Time: How many hours a day do you:
Type/use a computer? Watch TV? Play video games? Social Media? Text?
Do you bring a computer, tablet, or phone to bed? Yes No

Environmental Toxins:
Have you had any history of mold exposure where you lived? Yes No
Have you lived in a humid climate? Yes No Did you grow up on a farm? Yes No
Have you worked around chemicals or toxic fumes? (pesticides, solvents, hair coloring) Yes No
Do you have your hair colored or bleached? Yes No

Thyroid Symptoms:
Mark all symptoms you are currently or have recently experienced:

Thinning hair/hair loss
Weight gain
Fatigue
Dry skin/hair
Puffy hands/face/feet
Cold hands/feet
Constipation
Muscle/joint aches
Low mood
Heart Palpitations
Feeling shaky
Racing heart
Wake up tired
Retain water in hands/feet
Foggy thinking, hard to focus
Headaches

Adrenal/Fatigue Symptoms:
Mark all symptoms you are currently or have recently experienced:

Heart Palpitations
Feeling shaky
Low blood pressure
Low blood sugar
Feeling "wired but tired"
Tired all day, then get energy at night
Anxious or panicky
Increased fatigue after exercising
Mind racing during the night
Insomnia or trouble staying asleep

Name: First ______________________ Last __________________________Date of Birth:_________

Rocky Mountain Comprehensive Health, P.C.

New Patient Medical History Form

Significant recent weight gain/loss
Need caffeine to "get through the day"
Can't do anything once home from work (head straight to the couch)
Recent history of significant work/personal stress or loss

Autoimmune Symptoms:
Have you ever been diagnosed with any of the following conditions (Mark all that apply):

Lupus
Rheumatoid Arthritis
MS
Sjorgens
Scleroderma
ALS
Hashimoto's Thyroiditis
Grave's Disease
Raynaud's
Diabetes Mellitus I
Other_____________

Mark all symptoms you are currently or have recently experienced:

History of Mono/EBV
Swollen glands
Muscle Aches
Flu-like symptoms
Joint pains
Fatigue
Rashes
Abdominal bloating/pain
Dry eyes or mouth
Fevers
Numbness/Tingling
Frequent headaches

Mood/Stress Management:
Are you experiencing a chronic low mood or depression? Yes No
Do you feel anxious or nervous? Yes No If yes, how often?
In the past month, have you had little motivation or pleasure in doing things? Yes No
How would you rate your current level of stress?
How would you rate your family/social support?
Have you ever taken any anti-depressant or anti-anxiety medications? Yes No
If so, which ones? ____
Do you have activities in your life that bring you joy? Yes No
What activities or routines help you to "de-stress? ____

Brain Health:
Do have a history of depression? Yes No
Do you have difficulty focusing on tasks? Yes No
Do have difficulty finding the right words in conversation or writing? Yes No
Have you noticed a change in your handwriting? Yes No
Do you have a history of experiencing a concussion or head injury? Yes No
Have you ever fallen and hit your head? Yes No If Yes, did you black out? Yes No
Do you have a decreased sense of smell, hard to differentiate smells? Yes No

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Rocky Mountain Comprehensive Health, P.C.

New Patient Medical History Form

Do you have any family members with the following conditions? (Mark all that apply)

Alzheimer's
Other Dementias
Depression
Parkinson's
Diabetes
High Cholesterol

Do you personally have any of the following conditions? (Mark all that apply)

APOE 4 gene
Diabetes or Pre-Diabetes
Hypertension
High cholesterol
Depression
Long term use of Benzodiazepines
Smoker
Sleep Apnea

Weight

How many pounds have you lost or gained in the:
Past 6 months Past 12 months Past 3 years
What was your weight/BMI as an adolescent?
Do you have a family history of obesity? Yes No
List any type of special diets you have tried in the past to lose weight:

____
____
____

Nutrition/Digestion

Mark all symptoms you currently or have recently experienced:

Constipation
Diarrhea
Abdominal bloating after meals or by end of the day
Acid reflux
Food allergies
Foul smelling flatulence
Abdominal pain
Black or bloody stools
Frequent belching

Do you struggle with: Sugar cravings? Yes No Salt cravings? Yes No
Do you crave sugars/dessert after dinner? Yes No
Do you ever wake up feeling nauseated? Yes No
Is it difficult for you to eat breakfast? Yes No
Do ever get sweaty or dizzy if you don't eat regularly? Yes No
Do you have any past history of frequent antibiotic use? Yes No
Have you travelled out of the country in past 10 years? Yes No
Are you on any dietary restrictions? Yes No (i.e. gluten-free, vegetarian, vegan?)

____
____

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Rocky Mountain Comprehensive Health, P.C.

New Patient Medical History Form

Do you regularly eat/drink any other the following?

Bread	Fruit	Fruit Juice
Pasta	Cheese	Soy
Cookies	Dairy	Chips
Chocolate	Raw Fish/Sushi	Crackers
Vegetables	Corn	Rice
	Soda	Desserts

eSignature

Please read the following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page. Please note that an esignature is the electronic equivalent of a hand-written signature.

By e-signing below, I confirm that the information provided on this medical history form is accurate and true to the best of my knowledge.

Do Not E-Sign Until You Have Read The Above Statement.

Please enter your LAST NAME: **This field is mandatory.**

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Rocky Mountain Comprehensive Health, P.C.

New Patient Medical History Form

Men's Hormones:

Do you have a history of prostate disease/enlargement/cancer? Yes No

Have you ever had an elevated PSA? Yes No

Do you have any symptoms of Erectile Dysfunction? Yes No

Do you wake more than once at night to urinate? Yes No

Do you have increased urinary frequency or urgency? Yes No

Have you had any recent loss of muscle mass or weight gain? Yes No

Do you have a history of anabolic steroid use? Yes No

Do you have a history of cannabis or other illicit drug use? Yes No

Are you currently taking any supplements to increase Free T? Yes No

Are you noticing thinning hair? Yes No

Do you have a history of severe acne on face, chest, or back? Yes No

Name: First ________________ Last ____________________Date of Birth: ________

Rocky Mountain Comprehensive Health, P.C.

Important Practice Information

Hours of Operation: Patients can be seen in the office **Mondays, Wednesdays, and Thursdays 9am – 6pm, Tuesdays 8am – 6pm and Fridays 9am – 1pm.** Patients needing assistance after business hours may call the main phone number at **303.731.0525** and leave a voicemail message. Non-urgent messages and prescription refill requests will be addressed the next business day.

1. WHAT TO EXPECT

Initial Visit: 60-90 minutes

Your initial visit generally lasts 60-90 minutes. Please bring completed copies of all downloaded patient forms. You may also want to bring any pertinent lab results, diagnostic tests, and medical records from the previous 12 months. Your health history will be thoroughly reviewed, and a physical examination performed. Blood work and other diagnostic tests may be ordered. You will be given a detailed plan outlining the specific goals and treatments recommended to resolve your symptoms.

Follow-up Visits: 30-60 minutes

Follow-up visits are scheduled 1-3 weeks after initial visit; 6-8 weeks after initial visit, then every 2-6 months depending on each patient's individual health condition and treatment goals.

If baseline hormone lab work is recommended prior to starting Bioidentical Hormone Replacement Therapy (BHRT), a follow-up visit will be scheduled for 1-2 weeks after the initial visit to review lab results and initiate treatment. Labs will be rechecked 4-6 weeks after starting BHRT and discussed at the 6-8 week follow-up visit.

6 Month Hormone Follow-up:

Once your symptoms have resolved and you are feeling well on your hormone regime, follow-ups are scheduled every 6 months for hormone prescription refills and adjustments, review of current symptoms, and ordering of any necessary lab work. If new labs have been ordered or significant symptoms arise, then a follow-up appointment with your RMCH provider to discuss these issues in detail will be recommended.

Patients with conditions not requiring BHRT: Depending on the health condition treated, a follow-up appointment is usually scheduled for 2-3 weeks after the initial visit to reassess your symptoms and treatment plan. If labs are ordered, a follow-up appointment should be scheduled for 1-2 weeks after labs are drawn to review lab results. Follow-up appointments will be made at regular intervals to monitor the patient's progress.

***Please Note: Complex Conditions Require Comprehensive Solutions!** Each patient is unique in his or her health care needs. Functional or holistic medicine is different from traditional medicine in its approach and process. It takes time to accurately address the root issues surrounding each patient's conditions. Some patients may require multiple, frequent follow-up visits, while other patients are only seen twice a year for maintenance. If new labs have been ordered or significant symptoms arise, a follow-up appointment to discuss these issues in detail will be required.

Name: First ________________ Last ____________________Date of Birth: ________

Rocky Mountain Comprehensive Health, P.C.

Important Practice Information

2. FEES

- **New Patient Visits**: 60-90 min: **$329 including $125 Deposit**
- **Established Patient Visits:**
    - **Follow-ups (Phone or In-Office Visits):** 45-60 min: **$149 including $50 Deposit**
    - **Abbreviated Phone Consultations:** 15-25 min: **$129 including $50 Deposit**

3. PRESCRIPTIONS

- **Compounded medications:** Compounded medications are prescribed individually per patient, and generally will take 48-72 hours to be filled. Pre-made progesterone capsules may be the exception, depending on the pharmacy. Compounding pharmacies generally do not compound medications on the weekends. Please call in your refill requests to the particular pharmacy allowing 3-4 days to complete the refill. Compounded medications can be mailed out to patients as well as picked up at the pharmacy.
- **Prescription refills**: For fastest service, please contact your pharmacy and request them to fax a refill request to our office. Prescriptions will be filled within 48 hours of request unless emergent. Compounded medication refills may take 3-5 days. If you have not heard back from your pharmacy within 48 hours, please contact our office.
- **Medications currently prescribed from other providers:** RMCH providers will not refill prescriptions that the patient is currently receiving from another provider unless our providers have assessed the patient at a follow-up for that condition and ONLY if they feel it is the most appropriate medication for the patient. They will not fill medications for conditions they have not diagnosed.
- **Urgent medications:** RMCH providers do not provide urgent care services, and will not prescribe medications for conditions not seen and/or diagnosed in the clinic. Patients should follow-up with their PCP or GYN for acute conditions such as bladder infections, sinus infections, upper respiratory infections, or yeast infections.

4. INSURANCE REIMBURSEMENT

Rocky Mountain Comprehensive Health does not contract with any insurance companies or 3rd party payers, choosing instead to provide affordable direct pay services to all patients, regardless of their insurance status. RMCH strives to provide cost-effective medical care with cost transparency. RMCH strives to provide cost-effective medical care with cost transparency. Although all RMCH providers are considered out-of-network providers, visits are frequently reimbursable depending on your insurance plan. Medicare and Medicaid plans do not qualify for reimbursement. A form to submit for insurance and HSA reimbursement will be provided at the time of visit. Every effort is made by RMCH to provide financially prudent care for our patients.

Name: First _______________ Last ____________________Date of Birth: ________

Rocky Mountain Comprehensive Health, P.C.

Important Practice Information

5. ROLE AS YOUR HEALTH CARE PROVIDER

As board-certified Nurse Practitioners, our providers believe in collaborating with other health care professionals to obtain the best overall care for each patient. Our providers view their role as being in-depth practitioners who integrate various specialties to address the whole person. At RMCH, our goal is to provide comprehensive care, but not to replace the role of a patient's primary care provider (PCP.) We recommend that each patient have a PCP or GYN that they see for yearly physicals and sick visits. If a patient does not have PCP, we will provide names of reputable providers that we recommend.

6. COMMUNICATION WITH PROVIDERS AND STAFF

Patients should call the office at **303.731.0525** with any questions or concerns. Simple questions can be answered by our medical assistants. Responses to voice messages may take up to 2 business days.

Urgent or Emergent Symptoms: Patients with emergent or severely urgent symptoms should call 911 or go to their nearest hospital's emergency department. For urgent symptoms related to hormone therapy, such as uterine bleeding or bloating, patients can talk to one of the assistants who will forward the message to the appropriate provider. Every effort will be made to respond back to the patient by the end of the business day.

Email Correspondence and Lab Results: Patients can email the office or their provider with simple questions at: info@rmcomprehensivehealth.com. Email messages will be returned within 3 business days.

In-Depth Questions: RMCH offers patients the ability to communicate via email for their convenience. Email correspondence is primarily used for sending and receiving patient documents, or for discussing simple clarifications from recent visits and management of side effects of recently prescribed therapies. Patients with complex questions requiring a detailed response or questions outside of a recent visit will be charged a $35 review fee. Patients with complex symptoms or new symptoms need to call the office and speak with one of our medical assistants to schedule either a face-to face follow-up or a phone consultation with the provider. Complex symptoms cannot adequately be addressed by email alone.

eSignature

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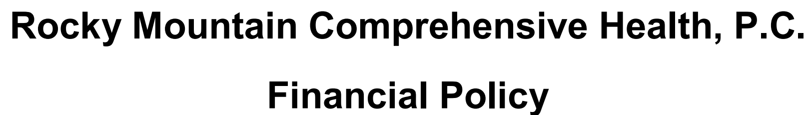
I have read through and understand the Rocky Mountain Comprehensive Health P.C.'s practice policies.

Do Not E-Sign Until You Have Read The Above Statement.

Please enter your LAST NAME: **This field is mandatory.**

Please enter BIRTH MONTH (i.e. 02 for February, 11 for November: **This field is mandatory.**

Name: First _______________ **Last** ____________________**Date of Birth:** ________



Rocky Mountain Comprehensive Health, P.C.

Financial Policy

Rocky Mountain Comprehensive Health, P.C. does not contract with any insurance companies or third party payers, choosing instead to provide affordable direct pay services to all patients, regardless of their insurance status. The cost of the visit will vary depending on the conditions treated and the time spent with the provider. We strive to provide cost-effective medical care with cost transparency. Please call the office at **303.731.0525** for assistance selecting the appropriate visit for your situation and for the cost associated with each particular type of visit. **Full payment is required on the date of service and is non-refundable.** We accept cash, checks, and credit cards. **There will be a $35 charge for any returned checks.**

Rocky Mountain Comprehensive Health, P.C. attempts to schedule each patient at their earliest convenience and does have a wait list for earlier appointments. To minimize last minute cancellations our office will require a deposit when scheduling an appointment. The deposit fee for New Patient consultations is $125 and for Follow Up or Telephone Consultations is $50. All deposits will be applied toward the cost of the visit. Patients who either fail to arrive or cancel their appointments with less than 24 hours' notice will forfeit their deposit.

If you would like to submit paperwork for possible insurance reimbursement, Rocky Mountain Comprehensive Health will provide you with a Superbill listing the summary of services rendered, diagnoses, and charges applied. You can use the Superbill to submit a claim to your insurance carrier or to justify funds drawn from an HSA account. Teresa Heisser, FNP-C, Jodi Yeman, NP-C, Judy Ponsford, NP-C are considered out-of-network providers, and services may or may not be reimbursable dependent upon each particular insurance plan. Rocky Mountain Comprehensive Health is not a Medicare or Medicaid provider. We will see Medicare and Medicaid patients on a self-pay basis only.

For your convenience, Rocky Mountain Comprehensive Health is contracted directly with Labcorp and Quest Diagnostics. For labs ordered and paid through Rocky Mountain Comprehensive Health, Doctor's Choice labs through Quest has agreed to provide significantly discounted rates off traditional lab fees for most common lab tests. Rocky Mountain Comprehensive Health will provide you with a list of the lab prices and the total cost of recommended labs. Payments to Rocky Mountain Comprehensive Health for lab testing must be made in full before labs will be ordered. Please allow 72 hours for all lab requests to be processed.

eSignature

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I have read and agree to abide by the financial policy of Rocky Mountain Comprehensive Health, P.C.

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Rocky Mountain Comprehensive Health, P.C.

Notice of Privacy Practices

This information is made available to all patients of Rocky Mountain Comprehensive Health, P.C. This Notice describes how medical information about you may be used and disclosed and how you may have access to this information. This Notice applies to all records of your care generated by Rocky Mountain Comprehensive Health whether created by Rocky Mountain Comprehensive Health, P.C., or an associated facility.

1. This Notice describes the practice policies of Rocky Mountain Hormone Comprehensive Health, P.C. which extend to any healthcare professional authorized to enter information into your chart, including physicians, PAs, NPs, RNs, office staff, administration, billing and collection, our business associates including billing services, facilities to which we refer patients, etc.

2. Rocky Mountain Comprehensive Health, P.C. provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA.)

3. Rocky Mountain Comprehensive Health, P.C. is committed to protecting your individual health and medical information. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and items we provide you as our patient. Records are required to provide care to you and to comply with legal requirements. We are required by law to:

- ensure that the protected health information about you is kept private
- provide you with Notice of Privacy Practices and your legal rights with respect to protected health information about you
- follow conditions of this Notice that is currently in effect

4. The following categories describe different ways that we may use and disclose protected health information that we have and share with others. Each category provides a general explanation. Not every use or disclosure is listed. The explanation is provided for general information only.

5. Rocky Mountain Comprehensive Health, P.C. will use previously given medical information as well as current information to provide the best medical treatment and services. We therefore may disclose medical information about our patients to other health care professionals who are or will be involved in your care. Different areas of the practice may also share medical information about your care including prescriptions, lab requests, and to discuss possible treatment options that may be of interest to you and your care.

6. Rocky Mountain Comprehensive Health, P.C. will disclose medical information relative to patients for services and procedures. We may also tell your health plan and/or your referring physician about a treatment you are going to receive.

Name: First ________________ Last ____________________Date of Birth: ________

Rocky Mountain Comprehensive Health, P.C.

Notice of Privacy Practices

7. Rocky Mountain Comprehensive Health, P.C. may use and disclose medical information about you so that we may run our practice more efficiently and make sure all of our patients receive quality care. We review treatment and services to evaluate the performance of our staff. We may also disclose information to physicians, PAs, NPs, RNs, office staff, and other personnel for review and learning purposes. Information may be disclosed about you for internal and external utilization review and/or quality assurance, to business associates for the purpose of helping us to comply with our legal requirements, to auditors to verify records, and to billing companies to manage patient accounts. At all times when business associates are engaged, we shall advise them of their continued obligation to maintain the privacy of all records.

8. Rocky Mountain Comprehensive Health, P.C. may disclose medical information to contact you to remind you about an appointment. This contact may be made by telephone, email, or in writing and may involve leaving a message on an answering machine or in your inbox which may be accessed by others.

9. Rocky Mountain Comprehensive Health, P.C. may disclose medical information to contact you about lab results, treatment, etc. This contact may be made by telephone, email, or in writing and may involve leaving a message on an answering machine or in your inbox which may be accessed by others.

10. Rocky Mountain Comprehensive Health, P.C. may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

11. Rocky Mountain Comprehensive Health, P.C. will disclose medical information about you when required to do so by federal, state, or local law.

12. Rocky Mountain Comprehensive Health, P.C. may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safely of the public, or another person. Any disclosure would only be to someone able to help prevent the threat.

13. Rocky Mountain Comprehensive Health, P.C. may release medical information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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I have read the Privacy Practices of Rocky Mountain Comprehensive Health, P.C.

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Rocky Mountain Comprehensive Health, P.C.

Medical Information Release Form
(HIPAA Release Form)

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Spouse____

Child(ren)______________________________________

Other____

Information is not to be released to anyone.

Messages

Please call my home my work my cell at Number: _________________

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

____

The best time to reach me is (*day*) between (*time*)

Electronic Communication

Rocky Mountain Comprehensive Health (RMCH) uses HIPAA Compliant email servers. I authorize electronic communications from RMCH to my email address:

I understand that my email server may not be and is not required to be HIPAA Compliant. Any email received by RMCH from me shall constitute a HIPAA release and I will assume all risk and liability for information sent by me to RMCH.

eSignature

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I agree to the release of Medical Information as completed above. This Release of Information will remain in effect until terminated by me in writing.

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Name: First ________________ **Last** ____________________**Date of Birth:** ________