Balance and Neurologic Center of the Rockies
Specializing in Neurologic Physical Therapy
Jaimy Wahab, PT, DPT, NCS
303.362.5734

5387 Manhattan Circle, Suite 100A
Boulder, CO 80303
P: 303.929.2950 F:

RELEASE OF HEALTH RECORD FORM

Patient Name: ____

Consent for information disclosure

My information may be sent to the following individuals:

Primary Healthcare Provider (physician, nurse practitioner or Physician Assistant):

Name ____

Phone _________________________

Address____

Other individuals who Balance and Neurologic Center of the Rockies, LLC has permission to share patient information with:

Name ____

Phone _________________________

Address____

Provider can leave health related messages on my telephone voice mail: Yes ☐ No ☐

Provider can leave a message with another person who answers my phone: Yes ☐ No ☐

Provider can send health related information to me by e-mail: Yes ☐ No ☐

Patient Name (print) ____

Patient Signature ____

Signature of legal representative (if patient is under 18 years)

____

Relationship of legal representative to patient

____

Jaimywahab@balanceandneurologic.com