Patient Intake Booklet

"Helping You Breathe Easier Through Education, Support, and Compassion"

Jovan Balance, RRT

FOUNDER & REGISTERED RESPIRATORY THERAPIST

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Business Hours: Mon–Fri 8:00 AM–4:00 PM

Welcome Letter

LET'S TALK RESPIRATORY

Helping You Breathe Easier Through Education, Support, and Compassion

Dear Patient,

Welcome to Let's Talk Respiratory.

Thank you for allowing us to be part of your healthcare journey. Choosing someone to assist you with your respiratory hea decision, and we are honored by the trust you have placed in us.

My name is Jovan Balance, RRT, Founder of Let's Talk Respiratory. With over 13 years of experience as a Registered Res and more than 16 years of experience serving patients in the home healthcare setting, I have dedicated my career to help families better understand and manage respiratory conditions.

I created Let's Talk Respiratory because I recognized a need for personalized respiratory care beyond the hospital. Ma home with questions about their diagnosis, medications, oxygen equipment, CPAP therapy, or other respiratory device access to the education and support they deserve. Our mission is to bridge that gap by providing one-on-one resp personalized assessments, and compassionate guidance in the comfort of your home or through secure telehealth visits.

Whether you are living with COPD, asthma, sleep apnea, using oxygen therapy, recovering from a hospitalization, managi or ventilator at home, or caring for a loved one with complex respiratory needs, our goal is to empower you with th confidence to better manage your respiratory health.

During your visit, we will take the time to listen to your concerns, review your respiratory history and equipment, answ and work together to develop practical strategies that support your health and improve your quality of life.

At Let's Talk Respiratory, you are more than a diagnosis. You are a valued individual, and every recommendation we make i your personal goals, safety, and well-being.

Thank you again for choosing Let's Talk Respiratory. We look forward to serving you and helping you breathe with greater

With appreciation,

Jovan Balance, RRT
Founder & Registered Respiratory Therapist
Let's Talk Respiratory
Website: www.letstalkrespiratory.org | Email: Jovan@letstalkrespiratory.net

About Let's Talk Respiratory

PERSONALIZED RESPIRATORY CARE · RIGHT WHERE YOU NEED IT MOST

At Let's Talk Respiratory, we believe quality respiratory care shouldn't end when you leave the hospital or physici practice provides personalized respiratory education, support, and guidance through both **in-home visits** and **sec video sessions**. We take time to answer questions, review respiratory equipment, and help patients confidently m respiratory health.

Our Service Area: In-home visits are available throughout **Tampa, Hillsborough County, and Pinellas County**. Se telehealth sessions are available **statewide across Florida**.

Our Mission

Helping You Breathe Easier Through Education, Support, and Compassion.

Our Vision

To become a trusted respiratory resource fo families, physicians, and healthcare organiza

Why Patients Choose Us

- ✓ Personalized one-on-one consultations
- ✓ In-home visits in Tampa, Hillsborough & Pinellas
- ✓ Support for patients, families & caregivers
- ✓ Evidence-based respiratory education
- ✓ Education tailored to your condition
- ✓ Secure telehealth / video sessions statewi
- ✓ Tracheostomy, ventilator & oxygen suppor
- ✓ Compassionate, judgment-free care

"Every Breath Matters."

At Let's Talk Respiratory, we are committed to helping patients and families gain the knowledge, confidence, an need to live healthier, more independent lives.

Our Promise

"Every Breath Matters."

We promise to provide compassionate care, evidence-based respiratory education, and personalized support tha
and your family to breathe easier and live with greater confidence.

We promise to listen first, educate with purpose, respect your home, provide evidence-based guidance, support c
communicate honestly, and treat every patient with dignity.

To Our Patients

You are more than a diagnosis. We honor your goals, your comfort, and your voice at every step.

To Our Families

We support caregivers with training, resourc
reassurance — you are never alone in this jou

Patient Reminder — Please Have Available

To make the most of your visit, please have the following ready:

- Current medication list (with dose & frequency)
- Inhalers, nebulizer cups, and spacers
- CPAP/BiPAP, oxygen, ventilator, or trach equipment (if applicable)
- Recent hospital or ER discharge paperwork
- DME provider contact information
- Any questions you would like to discuss

Patient Registration

SECTION 1 · PATIENT INFORMATION

Please complete the following information. All fields are kept strictly confidential in accordance with HIPAA.

Full Name

Date of Birth

Address

Phone

Email

Emergency Contact (Name & Phone)

Primary Care Provider

Pulmonologist

Pharmacy

Notice of Privacy: Your information is protected under HIPAA and will only be used for the purpose of providing your care services.

Pre-Consultation Questionnaire

HELPING YOU BREATHE EASIER AT HOME

1. Patient Information

Full Name

Phone Number

Email Address

Preferred Contact Method:

- ☐ Phone
- ☐ Email
- ☐ Text

Are you the patient?

- ☐ Yes
- ☐ No Relation: _____

2. Respiratory Needs

WHAT RESPIRATORY CONDITION ARE YOU MANAGING?

- ☐ COPD
- ☐ Asthma
- ☐ Sleep Apnea
- ☐ Post-Hospitalization
- ☐ Home Oxygen Use
- ☐ CPAP / BiPAP Therap
- ☐ Ventilator Use
- ☐ Tracheostomy Care
- ☐ Other: _____

WHAT TYPE OF EQUIPMENT ARE YOU USING OR NEED HELP WITH?

- ☐ CPAP / BiPAP
- ☐ Nebulizer
- ☐ Oxygen Tank / Conce
- ☐ Home Ventilator
- ☐ Tracheostomy Supplies
- ☐ Not Sure
- ☐ Other: _____

WHAT CHALLENGES ARE YOU CURRENTLY EXPERIENCING?

- ☐ Equipment setup
- ☐ Understanding usage
- ☐ Family/caregiver needs training
- ☐ Device issues/malfunctions
- ☐ Comfort/side effects
- ☐ Other: _____

Pre-Consultation Questionnaire

CONTINUED · SERVICE & AUTHORIZATION

3. Service Preferences

How would you like to be seen?

☐ In-Home Visit ☐ Telehealth / Video Session

In-home visits are available in Tampa, Hillsborough, and Pinellas counties. Telehealth / video sessions are available statewi

About Pricing: Service options and current pricing will be reviewed with you before scheduling. Current pricing i available at **www.letstalkrespiratory.org**.

Preferred Day/Time

4. Communication & Privacy Authorization

After submitting this form, you may receive a secure payment link and appointment confirmation by email or text. We compliant systems to protect your health and payment information.

☐ I agree to receive a secure link for payment and appointment confirmation.

☐ I consent to communication by text and/or email regarding my care.

☐ I acknowledge receipt of the Notice of Privacy Practices.

☐ I understand these services (in-home or telehealth) are educational and not a replacement for emergency me

☐ I agree to the Terms & Conditions.

SIGNATURE (TYPED NAME) DATE

Would you like to receive educational tips and updates from Let's Talk Respiratory?

- [ ] Yes
- [ ] No

Medical & Respiratory History

SECTION 2 · HISTORY & EQUIPMENT DETAILS

Please provide as much detail as possible. This information helps us tailor your care and prepare for your visit.

Diagnoses & Allergies

Primary & Secondary Diagnoses

Allergies & Reactions

Smoking History

Current Medications

Please include **medication name, dose, and how often you take it** (for example: "Albuterol inhaler, 90 mcg, 2 puffs every 4 hours as ne

Respiratory Medications

Other Medications

Equipment & Settings

Check all equipment you currently use or need help with.

- ☐ Oxygen
- ☐ CPAP
- ☐ BiPAP
- ☐ Nebulizer
- ☐ Ventilator
- ☐ Tracheostomy
- ☐ Pulse Oximeter
- ☐ Other: _

Oxygen Prescription / Flow Rate (LPM)

Equipment Settings (CPAP/BiPAP/Vent pressure, mode, etc.)

DME Provider (Company Name & Phone)

Recent Health History

Recent Exacerbations, Hospitalizations, or ER Visits (include approximate dates)

Baseline Oxygen Saturation (SpO_2) (at rest)

Current Concerns & Goals

Assessment

Breathing Goal

Shortness of Breath (0–10 Scale)

0 1 2 3 4 5 6 7 8 9

No shortness of breath — Severe

Equipment Concerns

Education Requested

Home Safety

- ☐ Smoking in home
- ☐ Trip hazards
- ☐ Pets affecting equipment placement, tubing safety
- ☐ Oxygen safety reviewed

Safety Note: If you use home oxygen, keep tanks at least 5 feet away from open flames, heaters, and cigarettes. Post "Oxygen in Use" signs in visible areas.

Consent & Authorization

SECTION 3 · ACKNOWLEDGMENTS & SIGNATURES

Please initial each box to acknowledge the statements below. This helps make sure we are on the same page abou work together. Take your time — we are happy to answer any question before you sign.

1. Care & Communication Acknowledgments

- ☐ **Consent for Services.** I consent to receive respiratory education, support, and consultation services from Let's Talk Respiratory, provided through in-home visits and/or secure telehealth / video sessions.
- ☐ **Telehealth Consent (when applicable).** I understand that my visit may occur over secure video and consent to receiving respiratory education and assessment through that telehealth platform. I understand the benefits and limitations of remote visits.
- ☐ **Communication by Text and Email.** I consent to receive appointment reminders, care instructions, and follow-up messages by text message and/or email at the contact information provided.
- ☐ **Notice of Privacy Practices.** I acknowledge that I have been offered Let's Talk Respiratory's Notice of Privacy Practices describing how my health information is used and protected.
- ☐ **Not a Replacement for Emergency Care.** I understand that Let's Talk Respiratory provides non-emergency education and support. For any life-threatening emergency, I will call 911 or go to the nearest emergency department.
- ☐ **Coordination With My Providers.** I authorize Let's Talk Respiratory to communicate with my physician(s), pharmacy, an DME provider when necessary to support my care plan. I may revoke this authorization in writing at any time.

2. Financial Responsibility

About Pricing: Service options and current pricing will be reviewed with you before scheduling. Current pricing i available at www.letstalkrespiratory.org. I agree to pay for services rendered at the time of appointment throug payment method provided, and I understand that fees are non-refundable once services have been delivered.

- ☐ **I acknowledge the financial responsibility statement above.**

PATIENT SIGNATURE

DATE

By signing above, you acknowledge that you have read, understood, and agreed to the terms in this booklet.

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