



**PROFESSIONAL HEARING SERVICES**  
**THE DIZZINESS AND BALANCE CENTER**

**PATIENT PROFILE**

**PATIENT INFORMATION**

Name: \_\_\_\_\_  
Preferred: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  Home  Work  Cell  
Phone: \_\_\_\_\_  Home  Work  Cell  
Phone: \_\_\_\_\_  Home  Work  Cell

Sex:  M  F

Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - -  
Marital Status:  Married  Single  Divorced  
Referring Physician: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**PATIENT EMPLOYMENT**

Employed  Retired  Unemployed  Other

**CONTACTS**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**GUARANTOR**

Same as Patient

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**EMPLOYMENT**

Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - -  
Date of Birth: \_\_\_\_\_

**PRIMARY INSURANCE**

Same as Patient  Same as Guarantor  Other

Insured Party: \_\_\_\_\_  
Insured Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Primary \_\_\_\_\_  
Insured/Guarantor: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - -  
Insured ID: \_\_\_\_\_  
Policy Group: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**SECONDARY INSURANCE**

Same as Patient  Same as Guarantor  Other

Insured Party: \_\_\_\_\_  
Insured Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Primary \_\_\_\_\_  
Insured/Guarantor: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - -  
Insured ID: \_\_\_\_\_  
Policy Group: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_