

**OTOLARYNGOLOGY ASSOCIATES PATIENT PROFILE**

Patient ID #: \_\_\_\_\_

Oto MD: \_\_\_\_\_ Refer MD: \_\_\_\_\_ Primary MD: \_\_\_\_\_

**PATIENT INFORMATION**

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

Sex: ( )Male ( )Female

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_

Birth Date: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: ( )Married ( )Divorced  
( )Single ( )Widowed

Phone #1: \_\_\_\_\_

( )Home ( )Work ( )Other

**CONTACTS**

Phone #2: \_\_\_\_\_

( )Home ( )Work ( )Other

**PATIENT EMPLOYMENT**

( )Employed ( )Retired Employer: \_\_\_\_\_

( )Student ( )Other Occupation: \_\_\_\_\_

**GUARANTOR/RESPONSIBLE PARTY INFORMATION**

( ) Same as Patient

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

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone #1: \_\_\_\_\_

( )Home ( )Work ( )Other

Phone #2: \_\_\_\_\_

( )Home ( )Work ( )Other

**PRIMARY INSURANCE**

Insured Party: \_\_\_\_\_ Insured Same as: ( )Other ( )Patient ( )Guarantor

Insured SSN: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

Insured Birth Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Insured Phone: \_\_\_\_\_ Insured ID#: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_ Policy Group #: \_\_\_\_\_

**SECONDARY INSURANCE**

Insured Party: \_\_\_\_\_ Insured Same as: ( )Other ( )Patient ( )Guarantor

Insured SSN: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

Insured Birth Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Insured Phone: \_\_\_\_\_ Insured ID#: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_ Policy Group #: \_\_\_\_\_