CHRISTENSEN
HEARING ANALYTICS
6140 Village Drive, Suite 1, Lincoln, NE 68516 • 402.489.3450 • Fax 402.489.3452

Patient Information

Today's Date: _____

Name: _____

Gender: ❒ Male ❒ Female **Personal Status:** ❒ Single ❒ Married ❒ Other

Date of Birth: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work:** _____

Cell Phone: _____

Email Address: _____

❒ Check this box for email updates and other information

Primary Physician Information: (required for submitting to insurance)

Name:_____**Phone:**_____

May we leave messages regarding your health care information on voicemail/answering machine? Yes No

Are we able to discuss your health care information with another individual? Yes No

If yes, with whom?

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

Emergency Contact:

Name: _____ Phone Number: _____

Relationship: _____