

Shoals Hearing Clinic, P.C.
Richard L. Gresham, Au.D.
Marilyn A. Gresham, Au.D.
Clinical Audiology

Patient Information _____ Date _____

Last Name _____ First _____ Middle Initial _____

Date of Birth _____ Age _____ Social Security Number _____

Telephone Home _____ Work _____ Cell _____

Email Address _____ Referred By _____

Primary Care Provider _____

Home Address _____

City _____ State _____ Zip _____

Employer _____

Employer Address _____ Telephone _____

Primary Insurance Company _____

Group Number _____ Policy Number _____

Insured's Name _____ Insured's Date of Birth _____

Relationship to Patient: Self _____ Spouse _____ Other _____

Insured's Address _____ Telephone _____

Secondary Insurance Company _____

Group Number _____ Policy Number _____

Insured's Name _____ Insured's Date of Birth _____

Insured's Address _____ Telephone _____

Relationship to Patient: Self _____ Spouse _____ Other _____