



Otology / Neurotology

Wesley W. O. Krueger, M.D., F.A.C.S.  
2632 Broadway Suite 201-202  
San Antonio, Texas 78215  
(210) 697-0880 (210) 697-0888 Fax

DATE: \_\_\_\_\_ CHART # \_\_\_\_\_

**PATIENT INFORMATION**

Full Legal Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Home ( ) \_\_\_\_\_ Work :( ) \_\_\_\_\_ Cell :( ) \_\_\_\_\_ Marital Status \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Drivers License # \_\_\_\_\_

How did you find us:  Doctor's Referral,  Phone Book,  Insurance Provider List,  web-Page,  Friend \_\_\_\_\_  
 Other \_\_\_\_\_ \*Reason for your Visit/Consultation: \_\_\_\_\_

Referring Physician's Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Primary Care/ Family Physician \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**INSURANCE INFORMATION**

**PRIMARY INSURANCE COMPANY** \_\_\_\_\_  
Policy Holder \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_  
Policy Holder's Date of Birth \_\_\_\_\_ Policy Holder's Social Security # \_\_\_\_\_

**SECONDARY INSURANCE COMPANY** \_\_\_\_\_  
Policy Holder \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_  
Policy Holder's Date of Birth \_\_\_\_\_ Policy Holder's Social Security# \_\_\_\_\_

**PERSON WHO IS THE GUARANTOR OR RESPONSIBLE PARTY FOR PATIENT'S FINANCIAL OBLIGATIONS,**  
**\*\*\*NOT YOUR INSURANCE COMPANY \*\*\***

Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number ( ) \_\_\_\_\_ Employer's Phone Number ( ) \_\_\_\_\_  
Cell Phone Number ( ) \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Contact Person \_\_\_\_\_ Relationship Patient \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_