

PATIENT INFORMATION

Patient Name: _____ Birth Date: _____ Sex: _____
(Last) (First) (MI)

Pharmacy: _____ Pharmacy Address: _____

Patient's Social Security Number: _____ - _____ - _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip _____ Cell Phone: _____

Patient's Employer: _____ Email: _____

Marital Status (Circle): Single Married Other: _____

Usual ENT Provider (Circle One): Denman Farrell Goebel Quinlan Sewell Sully

Referring Doctor _____ Primary Care Physician _____

ACCOUNT INFORMATION

Emergency Contact: _____ Phone: _____
(Name) (Relationship)

Minor Patients:

Mother's Name _____ Home Phone: _____
Address _____ Cell Phone: _____
(if different from above)
Mother's Employer: _____ Work Phone: _____

Father's Name _____ Home Phone: _____
Address _____ Cell Phone: _____
(if different from above)
Father's Employer: _____ Work Phone: _____

Who is the guarantor on the patient's account (person responsible for payment)? _____

POLICY HOLDER INFORMATION/GUARANTOR INFORMATION:

(Primary Policy)

*Primary Insurance Company: _____ *Patient Relationship to Card Holder (Circle below):
Self Spouse Child Other: _____

*Primary Card Holder's Name: _____

*Social Security Number: _____ - _____ - _____ *Card Holder's Birth Date: _____

*Card Holder's address if different than patient's: _____

(Secondary Policy—not all patients will have a secondary)

*Secondary Insurance Company: _____ *Patient Relationship to Card Holder (Circle below):
Self Spouse Child Other: _____

*Secondary Card Holder's Name: _____

*Social Security Number: _____ - _____ - _____ *Card Holder's Birth Date: _____

*Secondary Card Holder's address if different than patient's: _____

ADDITIONAL INFORMATION

Race (Circle One): White Black Native American Asian/Pacific Islander Other Prefer not to answer

Ethnicity (Circle One): Hispanic African American Caucasian Other Prefer not to answer

Language Preference: English Spanish Other _____