

ENT AND ALLERGY SPECIALISTS	Date
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WHO REFERRED YOU TO OUR OFFICE?:

Patient Information	Primary Physician: (First Name) _____ (Last Name) _____, M.D. / D.O.					
	Email Address		Patient Name		SS#	
	Date of Birth	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Marital Status- Single, Married, Widowed, Divorced	Relationship to Guarantor	Previous Name
	Race		Ethnicity		Primary Language	
	Address				City, State, Zip	
	Home Telephone			Cell or Pager #		
	Employer and Address				Work Telephone	
	Do you have an Advanced Directive? YES NO Do we have a copy? YES NO					

Guarantor Information	Responsible or Custodial Parent		Guarantor Name		Social Security	
	Date of Birth	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Relationship of patient to guarantor		Home Telephone
	Guarantor Address					
	Guarantor Employer				Work Telephone	
	Employer Address					

Emergency Contact	Contact Name		Relationship to Patient		
	Home Telephone		Work Telephone		

Spouse or Parent	Name			Home Telephone	
	Address				
	Employer			Work Telephone	

Insurance	Primary Ins Company Name <u>IF WE HAVE YOUR CARD PASS THIS SECTION</u>				Telephone Number	
	Address					
	Group Number		Policy Number		Effective Date	Relationship to Subscriber
	Subscriber's Name				Subscriber's Employer	
	Secondary Ins Com Name <u>IF WE HAVE YOUR CARD PASS THIS SECTION</u>				Telephone Number	
	Address					
	Group Number		Policy Number		Effective Date	Relationship to Subscriber
	Subscriber's Name				Subscriber's Employer	

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services completed. I have completed the above questions and certify this information is true and correct to the best of my knowledge. I will notify you of any change in any of the above information. I authorize the staff to perform all necessary services needed during diagnosis and treatment. I also authorize the release of information required to process insurance claims.

Signature (Patient-18 years of age or older, if under age parent or guardian signature)	Date
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