

PATIENT INFORMATION RECORD

(Please Print or Write Legibly)

DATE: _____

PATIENT INFORMATION

PATIENTS' NAME Last _____ First _____ Mid. Initial _____	SEX		MARITAL STATUS					DATE OF BIRTH	AGE	SOCIAL SECURITY NO.
	M	F	S	M	W	D	SEP			
STREET ADDRESS <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY			CITY AND STATE					ZIP CODE	HOME PHONE NO.	
PATIENT'S EMPLOYER			OCCUPATION (indicate if student)					BUSINESS PHONE NO.		
EMPLOYER'S STREET ADDRESS			CITY AND STATE					ZIP CODE		
SPOUSE'S NAME (And middle initial)			DATE OF BIRTH				SOCIAL SECURITY NO.			
SPOUSE'S EMPLOYER			OCCUPATION (indicate if student)					BUSINESS PHONE NO.		
EMPLOYER'S STREET ADDRESS			CITY AND STATE					ZIP CODE		
WHO IS RESPONSIBLE FOR THIS BILL?										
PRIMARY CARE PHYSICIAN					REFERRING PHYSICIAN					
HOW DID YOU LEARN OF OUR PRACTICE? (i.e. yellow pages, friend, relative, physician)										

ALTERNATE CONTACT

NAME	STREET ADDRESS, CITY, STATE AND ZIP CODE (If different than above)		HOME PHONE NO.
RELATIONSHIP TO PATIENT	Signed _____ (Authorization Releasing Information to Alternate Contact)		

IF THE PATIENT IS A MINOR OR STUDENT

MOTHER'S NAME	STREET ADDRESS, CITY, STATE AND ZIP CODE (If different than above)		HOME PHONE NO.
MOTHER'S SOCIAL SECURITY NO.	DATE OF BIRTH	MOTHER'S EMPLOYER	BUSINESS PHONE NO.
MOTHER'S OCCUPATION	EMPLOYER'S ADDRESS		ZIP CODE
FATHER'S NAME	STREET ADDRESS, CITY, STATE AND ZIP CODE (If different than above)		HOME PHONE NO.
FATHER'S SOCIAL SECURITY NO.	DATE OF BIRTH	FATHER'S EMPLOYER	BUSINESS PHONE NO.
FATHER'S OCCUPATION	EMPLOYER'S ADDRESS		ZIP CODE

INSURANCE INFORMATION

NAME, ADDRESS AND PHONE NUMBER OF INSURANCE COMPANY	POLICY NO.	GROUP NO.
POLICY HOLDER		

INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize Midwest Ear, Nose & Throat to furnish information to insurance carriers and I hereby assign to Midwest Ear, Nose & Throat all payments for medical services rendered if my account is not paid in full.
I herewith accept responsibility of this account.

Signed _____

(Patient, Guardian or Parent)