

PATIENT INFORMATION

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Primary Care Physician \_\_\_\_\_ Referring Physician \_\_\_\_\_  
 Home Phone \_\_\_\_\_ OK to leave a message?  Yes  No  
 Work Phone \_\_\_\_\_ OK to leave a message?  Yes  No  
 Cell Phone \_\_\_\_\_ OK to leave a message?  Yes  No  
 Email address \_\_\_\_\_

PARENT/GUARDIAN/SPOUSE INFORMATION

Name \_\_\_\_\_ Relationship  parent  guardian  spouse  
 Address (if different than above) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Employer \_\_\_\_\_

I give permission to discuss my medical condition with a member of my household  Yes  No  
 If yes, whom: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

CANCELLATION POLICY: I understand that if I do not call 24 hours in advance to cancel a scheduled appointment, my account will be charged a \$25 no show fee. This fee will have to be paid prior to seeing a provider in the practice.

I have read and acknowledge Central Carolina Ear, Nose, and Throat’s Notice of Privacy Practices.

I authorize Central Carolina ENT Assoc., PA to release information including the diagnoses and records of any treatments or examinations rendered to me or my child to my insurance company as necessary to carry out treatment, payment and healthcare operations. I also authorize and request my insurance company to make payment of any medical benefits directly to the physician or Central Carolina ENT Assoc., PA.

I have read and agree to abide by the above and give my consent for treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(if under 18, a parent or guardian must sign)