

ENT CAROLINA, PA

PATIENT INFORMATION SHEET

DATE: _____ EMAIL: _____
PATIENT NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
ADDRESS: _____ DATE OF BIRTH: _____
CITY: _____ STATE: _____ ZIP CODE: _____ GENDER: _____
SOC. SEC. #: _____ RACE: _____
MARITAL STATUS: _____ ETHNICITY: _____
PREFERRED LANGUAGE: _____ PREFERRED PHARMACY: _____
EMPLOYER OR PREFERRED PHARMACY
SCHOOL NAME: _____ ADDRESS: _____
FAMILY PHYSICIAN: _____ PHYSICIAN REQUESTING
CONSULT: _____

How did you hear about our office? _____

HUSBAND(OR NAME: _____ SS#: _____
FATHER IF EMPLOYER: _____
PATIENT WORK PHONE: _____ DATE OF BIRTH: _____
IS UNDER 18)

WIFE (OR NAME: _____ SS#: _____
MOTHER IF EMPLOYER: _____
PATIENT IS WORK PHONE: _____ DATE OF BIRTH: _____
UNDER 18)

***EMERGENCY**
CONTACT* NAME: _____ PHONE: _____ RELATIONSHIP: _____

**PLEASE PRESENT A COPY OF ALL INSURANCE CARDS TO
RECEPTIONIST**

IF YOU HAVE MEDICARE PLEASE ANSWER QUESTIONS ON BACK

AUTHORIZATIONS - Please read and sign:

I authorize payment to ENT Carolina, PA, or directly to me for services rendered. I authorize such exams, treatments and medications as may be prescribed by the designated physician. I understand that I am financially responsible for all charges for treatment rendered to me, whether covered by insurance or not. I authorize the release of any medical information requested by my insurance company or any public agency which assists in payment for my medical care. I authorize release of any medical information to my primary care physician.

(Parent sign if minor) SIGNED: _____ DATE: _____

ENT CAROLINA, PA

Medicare MSP Questionnaire

PATIENT'S NAME _____

DATE OF SERVICE _____

ARE YOU ENROLLED IN HOSPICE? YES _____ NO _____

ARE YOU ENROLLED IN A MEDCIARE HMO? YES _____ NO _____

ARE YOU OR YOUR SPOUSE CURRENTLY EMPLOYED? YES _____ NO _____

ARE YOU COVERED UNDER GROUP HEALTH INSURANCE THROUGH YOUR SPOUSE OR SPOUSE'S EMPLOYER? YES _____ NO _____

IS YOUR CURRENT ILLNESS/INJURY WORK RELATED? YES _____ NO _____

IS YOUR CURRENT INJURY ACCIDENT RELATED? YES _____ NO _____

IF YES, TYPE OF ACCIDENT: AUTOMOBILE _____

NON-AUTOMOBILE _____

