Patient Information

# South Texas ENT Consultants

**PATIENT INFORMATION**

| | | | |
|---|---|---|---|
| Name (Last, First MI) | | Preferred Language | Today's Date |
| Date of Birth | Age | Sex ❒ Male ❒ Female | Patient's SSN (optional) |
| Home Address (Street/Apt) | City | State | Zip |
| Marital Status ❒ Single ❒ Married ❒ Separated ❒ Divorced ❒ Widowed | Student ❒ Yes ■ No | Primary Care Physician | Referring Physician |
| Home Phone ( ) | Cell Phone ( ) | E-mail Address | |
| Preferred Phone Number ❒ Home ❒ Work ❒ Cell ❒ Other | Race ❒ American Indian or Alaska Native ❒ Asian ❒ Black or African American ❒ Native Hawaiian or Other Pacific Islander ❒ White ❒ Undetermined | | Ethnicity ❒ Hispanic or Latino ❒ Non Hispanic or Latino ❒ Other or Undetermined |
| Driver License No / State / Exp. Date | | | |
| Employer | Occupation | Work Phone ( ) | |
| Employer Address | City | State | Zip |
| Name of Responsible Party / Guarantor | | Relationship to Patient | |
| Home Address (Street/Apt) | City | State | Zip |
| Employer | Occupation | Work Phone ( ) | |
| Employer Address | City | State | Zip |

**PRIMARY INSURANCE**

| | | | |
|---|---|---|---|
| Name of Insurance Company | Policy ID Number | Group Number | |
| Insurance Street Address | City | State | Zip |
| Name of Policy Holder | Social Security Number | Relationship to Insured | |
| Policy Holder's Address | City | State | Zip |
| Policy Holder's Date of Birth | Policy Holder's Employer | | |

**SECONDARY INSURANCE**

| | | | |
|---|---|---|---|
| Name of Insurance Company | Policy ID Number | Group Number | |
| Insurance Street Address | City | State | Zip |
| Name of Policy Holder | Social Security Number | Relationship to Insured | |
| Policy Holder's Address | City | State | Zip |
| Policy Holder's Date of Birth | | Policy Holder's Employer | |

**Pharmacy Name / Telephone Number**

**IN CASE OF EMERGENCY, CONTACT**

| | | |
|---|---|---|
| Name | Telephone Number ( ) | Relationship to Patient |

**HOW DID YOU HEAR ABOUT OUR PRACTICE**

❒ Friend / Patient ❒ Yellow Pages ❒ Physician ❒ Hospital ❒ Drive-By/Signage ❒ Internet ❒ Insurance Listing ❒ School/Daycare ❒ Other