

PATIENT DEMOGRAPHIC SHEET

PATIENT INFORMATION

PATIENT NAME		Date of Birth	SSN#	MARITAL STATUS (circle one)			
				Single	Married	Divorced	
ADDRESS		CITY	ST	ZIP			
HOME PHONE	EXT	MOBILE PHONE		EXT			
ETHNICITY (circle one)	Hispanic or Latino	Non-Hispanic or Latino		GENDER (circle one)			
	Unknown	Decline to answer		Male	Female		
RACE (circle one)	American Indian/Alaska Native	Asian		Black/African American			
	White	Native Hawaiian/Pacific Islander		Decline to answer			
PRIMARY LANGUAGE (circle one)	English	Spanish	Italian	Chinese	French	Dutch	Russian

Email Address

Patients Employer	Address	Phone
Emergency Contact	Relationship to patient	Phone
Name of Referring Doctor	Address	Phone
Name of Primary Care Doctor	Address	Phone
List other Doctor's you're seeing for today's problem (first and last names please)		

Pharmacy Name	Address	Phone

INSURANCE INFORMATION

Primary Insurance	Effective Date	Name of Policy Holder, Relationship & Date of Birth	Ins Phone#
ID#	Group#	SSN#	
Secondary Insurance	Effective Date	Name of Policy Holder, Relationship & Date of Birth	Ins Phone#
ID#	Group#	SSN#	

Consent

I GIVE MY CONSENT FOR AENTC TO DISCUSS PATIENT'S MEDICAL CARE AND PAYMENT FOR MEDICAL CARE WITH THE FOLLOWING PEOPLE:

_____ name / relationship / phone number

_____ name / relationship / phone number

_____ name / relationship / phone number

_____ name / relationship / phone number

PATIENTS READ AND SIGN AGREEMENT

1-- I hereby give my consent for physicians of Austin ENT Clinic to evaluate and treat the above patient.

2-- I have been provided with the Privacy Practices Notice for Austin Ear, Nose & Throat Clinic.

3-- I understand that my personal health information will be used for the purpose of treatment, payment, and the coordination of health care needs of the patient.

4-- I have also been provided and agree with the Financial Policy of AENTC.

5-- I understand that I am personally responsible for all provider charges if I choose to seek "out-of-network" services from this provider.

Signature of patient or guardian: _____ DATE: _____