



Welcome

Personal Information

Patient's Name _____ Date _____
LAST FIRST

Date of Birth _____ Age _____ SS# _____

Male Female Single Married Divorced Widowed Partner/Significant Other

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

Preferred contact method? _____ Consent to text (appointment reminders) Yes No

Email Address _____

Consent to Email: Yes No

Consent receive email notifications regarding new products/services available through our practice: Yes No

Occupation _____ Name of Employer _____

In case of emergency, whom should we contact? _____

Relationship to Patient _____ Phone Number _____

How did you hear about us? _____

Pharmacy Information

Preferred Pharmacy Location _____

Is it okay to download your medication history from your insurance company? Yes No

Person Responsible for Payment (if other than patient)

Name _____ SS# _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Work _____ Ext _____

Occupation _____ Name of Employer _____

Insurance Information

Primary Health Insurance Company _____

Policy Holder _____ Relationship to Patient _____

ID: _____ Date of Birth _____

Secondary Health Insurance Company _____

Policy Holder _____ Relationship to Patient _____

ID: _____ Date of Birth _____



Privacy Practices Acknowledgement

I, _____, have received a copy of the Notice of Privacy Practices for Peak ENT and Voice Center. By signing below, I authorize Peak ENT and Voice Center to use or disclose my medical, financial and all other personal health information for the purposes of providing me with treatment, collecting payment for that treatment, consulting with other health care providers with respect to my care, and discussing my information with their staff to accomplish this.

Print Name of Patient or Legal Guardian

Patient's Name

Signature of Patient or Legal Guardian

Date

I authorize Peak ENT and Voice Center to share and discuss my information with the following person:

Name: _____

Relationship: Spouse Parent Child Caregiver Other

At what phone number may we leave a message if we are not able to reach you?

Which means of communication can we use to remind you of your appointments?

Phone

Text Message

Email

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but this could not be obtained because:

the individual refused to sign communication barriers restricted attaining the written acknowledgement

Other: _____

