FAYETTEVILLE OTOLARYNGOLOGY
Ear, Nose & Throat Surgery • Allergy
Advanced Hearing Services

FAYETTEVILLE OTOLARYNGOLOGY
Head & Neck Surgery, P.A.

1839 Quiet Cove
Fayetteville, NC 28304
(910) 323-1463

Patient Registration

Have you ever seen a physician in this practice? Y/N Who? ________ How did you hear about us? ________

Date ____ ____ ____ Patient ________ Date of birth ____ ____ ____

Mailing address ________ City ________ State ____ Zip ________

Sex - M / F Race ________ Marital status- S / M / D Language ________ Social security # ________

Ethnicity (check one) ☐ NOT Hispanic / Latino ☐ Hispanic / Latino Pharmacy ________

Home telephone ________ Work/Other telephone ________ Cell ________

May we leave confidential messages on your home/cell answer machine if you are not available? Yes / No

Occupation(of parent if a minor) ________ Employer ________

Responsible party name ________ Relationship to patient ________ DOB ____ ____ ____ SS# ________

Emergency contact ________ Telephone ________

Primary insurance ________ Secondary insurance ________

Referring/Medical physician ________ Chief complaint ________

Current medications/dose ________

____

Allergies to medications ________

Tobacco use? Y / N What? ________ Alcohol use? Y / N Have you or a family member had any anesthesia problems? Y / N

List any surgical procedures & dates ________

____

Please indicate past medical history for you and your family (check all that apply).

Patient	Family	Condition	Patient	Family	Condition	Patient	Family	Condition
☐	☐	High Blood Pressure	☐	☐	Emphysema	☐	☐	Arthritis
☐	☐	Stroke	☐	☐	HIV	☐	☐	Gout
☐	☐	Heart Disease	☐	☐	TB	☐	☐	Acid Reflux
☐	☐	Diabetes	☐	☐	Syphilis	☐	☐	Hearing Loss
☐	☐	Kidney Problems	☐	☐	Bleeding Disorder	☐	☐	Ear infections
☐	☐	Liver Problems	☐	☐	Anemia	☐	☐	Sinusitis
☐	☐	Thyroid Problems	☐	☐	Transfusions	☐	☐	Nasal Polyps
☐	☐	Depression, Anxiety	☐	☐	Nose Bleeds	☐	☐	Tonsillitis
☐	☐	Seizure	☐	☐	Weight Loss	☐	☐	Croup
☐	☐	ADD/Attention Deficit Disorder	☐	☐	Cancer ________	☐	☐	Scarlet Fever
☐	☐	Head Injury	☐	☐	Vision Problems	☐	☐	Rheumatic Fever
☐	☐	Asthma	☐	☐	Glaucoma	☐	☐	Hay Fever / Allergies

Your insurance contract is an agreement between you and your insurance company. As a service to you, we will be glad to file the appropriate forms with your insurance company. You are responsible for any deductibles, co-pays, co-insurance and non-covered services today. I hereby consent to treatment and further authorize Fayetteville Otolaryngology to disclose information in my medical record to other physicians and health care providers to whom Fayetteville Otolaryngology may refer me. I request payment of authorized benefits to be made on my behalf to Fayetteville Otolaryngology. I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct.

Signature of patient (parent/guardian) ________ Date ________