

East Tennessee Ear, Nose & Throat Specialists, PC

Richard L. Schultz, M.D. Charles G. Sewall, M.D. Mark E. McClinton, M.D. Brynae Laxton Miley, M.D.

Date:

Appointment Time:

Arrival Time:

Patient Name: _____ Date of Birth: _____
Last First MI

Social Security Number: _____ Gender: Female Male

Address: _____
Street Apt. # City State Zip Code

Phone Number: (____) _____ (____) _____ (____) _____
Home Work Cell Phone/Pager

Emergency Contact Name: _____ Phone Number: _____

Marital Status: M W S D Patient's Employer: _____

Name of Insurance Company: _____

Name of Policyholder: _____ Relationship to Patient: _____

Policyholder's Social Security Number: _____ Policyholder's Birthdate: _____

Policyholder's Employer: _____ Phone number: _____

Name of Secondary Insurance Co: _____ Name of Policyholder: _____

Policyholder's Birthdate: _____ Relationship to Patient: _____

Who referred you here today? _____ Name of **YOUR** Pharmacy: _____

Pharmacy Location: _____ Pharmacy Phone: (____) _____

To be complete for patients 18 years and younger

Mother's Name: _____ Mother's Date of Birth: _____
Last First MI

Mother's Address if different from patients: _____
Street Apt. # City State Zip Code

Mother's Phone Number: (____) _____ (____) _____ (____) _____
Home Work Cell Phone/Pager

Mother's Social Security Number: _____ Mother's Employer: _____

Father's Name: _____ Father's Date of Birth: _____
Last First MI

Father's Address if different from patients: _____
Street Apt. # City State Zip Code

Father's Phone Number: (____) _____ (____) _____ (____) _____
Home Work Cell Phone/Pager

Father's Social Security Number: _____ Father's Employer: _____

Primary and Secondary Insurance Carriers

Please give insurance cards to Receptionist so she can make copies of front and back.