

**Otolaryngology of Joplin DBA Joplin Ear Nose & Throat
Dr. Renee Walker & Dr. Suzanne Long
1920 E 32nd Street, Joplin Mo 64804
417-781-4613**

REGISTRATION INFORMATION

Patient's legal name		Date of birth	
Race	Ethnicity	Sex	
Social security #		Marital status	
Mailing address		City & State	Zip
Email address		Phone	Cell or home
Preferred method of contact:	Phone	Email	Letter
Can we leave a detailed message:	Yes	No	

IF PATIENT UNDER AGE 18 OR DISABLED:

Legal guardian name	Phone	
Address	City & State	Zip
Relationship to patient		

PLEASE LIST AN EMERGENCY CONTACT *OTHER THAN GUARDIAN OR SPOUSE*

Name	Relationship
Address	Phone
Primary care physician name & phone#	
Primary care physician address	
Referring physician name and phone #	
Referring physician address	

How did you hear about our office?	Radio	Internet
Recommended by someone	Insurance	Other

INSURANCE INFORMATION

Patient's name _____ Date of birth _____

PRIMARY INSURANCE - SKIP IF AN INSURANCE CARD WAS GIVEN TO THE RECEPTIONIST

Name of insurance _____

Policy or member ID number _____ Group number _____

Insured's name _____ Date of birth _____

Relationship to patient _____ SSN _____

SECONDARY INSURANCE - SKIP IF AN INSURANCE CARD WAS GIVEN TO THE RECEPTIONIST

Name of insurance _____

Policy or member ID number _____ Group number _____

Insured's name _____ Date of birth _____

Relationship to patient _____ SSN _____

Our office will file all reimbursable services to the primary and secondary carriers.
Please remember that you are responsible for all deductibles, copays, and non-covered service amounts, as indicated by the remit we receive from your insurance company.

I authorize the release of any medical information necessary to process my claim.

I authorize payment of medical and surgical benefits to Joplin Ear Nose and Throat.

By signing below, you acknowledge that you have read the above statements and agree to all stated conditions.

Patient / Responsible party _____ Date _____

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**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

In the course of providing service to you or your dependent, we receive health information. We may use and disclose this health information to other medical professionals for use in the following: 1) to ensure proper treatment of the patient's symptoms and conditions; 2) submission to the insurance company for claims review, determination of benefits and to receive payment for our services rendered to the patient.

In signing this document, you agree that we may use and disclose the patient's health information as indicated above.

I have read this document and understand it. I consent to the use and disclosure of mine / my dependent's health information for the purpose of treatment, administrative functions and service reimbursement. I acknowledge that a copy of the 'Notice of privacy practices' from Joplin Ear Nose & Throat was made available to me for review.

Patient / legal guardian

Date

Printed name

Relationship

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PATIENT / GUARDIAN PERMISSION

Patient name

Date of birth

As guardian of the above named patient, I authorize the following people to bring him/her to their scheduled appointment:

1. _____
2. _____
3. _____

I authorize the following people to be able to receive medical information on the aboved named patient.

1. _____
2. _____
3. _____

Patient / Legal guardian

Date

SURGERY CONSENT

Patient name

Date of birth

If Dr. Walker recommends surgery for the above patient, the patient will be taken to the surgery coordinator for scheduling. Surgery specifics will be explained, paperwork reviewed and your questions answered.

Our office will contact the insurance company to obtain the patient's policy benefits, reimbursement to be expected, and to obtain pre-certification for the surgery (if required).

**Please be aware that the amount of money collected for pre-payment of the surgery is only an estimate, determined by benefits given by the insurance company and the current allowable rate for the procedure(s) to be performed. If the insurance reimburses a different amount than the estimate, you may receive a bill for the balance due or a refund if an overpayment was made.

I agree that I have read and understand the surgery consent information noted above.

Patient / Legal guardian

Date

PATIENT HISTORY

Patient's name _____

Reason for visit _____

Past surgery

None

Biologic cardiac
valve prosthesis

Biopsy of lymph node

Biopsy of skin

Carotid endarterectomy

Complete primary
rhinoplasty

Coronary angioplasty

Excision of basal
cell carcinoma

Excision of lymph node

Excision of melanoma

Excision of skin

Excision of squamous
cell carcinoma

History of colectomy

History of mechanical
heart valve replacement

Operation on lung

Operation on musculoskeletal
system

Anesthesia complications

What reactions:

List other below

ENT history

None

Acoustic neuroma

Acute otitis externa

Acute otitis media

Allergic rhinitis

Branchial cleft cyst

Cholesteatoma

Deviated nasal septum

Enlargement of tonsil
or adenoid

Eustachian tube
disorder

Fractured nasal bone

Gastroesophageal
reflux disease

History of hearing loss

Loss of sense of smell

Mass of neck

Mastoiditis

Nasal obstruction

Polyp of nasal sinus

Secondary malignant
neoplasm of lymph
nodes of neck

Sinusitis

Sleep apnea

Tinnitus

Tonsillitis

Ulcer of mouth

Anesthesia complications

What reactions:

List other below

ENT Family history

None

Otitis media

Sinusitis

Smoking

Thyroid cancer

Thyroid disease

ENT surgery

None

Adenoid excision

Closed reduction of nasal
fracture

Complete primary
rhinoplasty

Endoscopic balloon dilation
of ostium or paranasal
sinus

Excision of cervical
lymph node

Excision of lesion of
oral cavity

Excision of skin

Excision of thyroglossal
duct cyst

Functional endoscopic
sinus surgery, total

Tonsil excision

Mastoidectomy

Myringotomy & insertion
of tympanic vent tube

Nasal septoplasty

Operation on nose

Procedure on ear

Procedure on head / neck

Removal of acoustic
neuroma

Anesthesia complications

What reactions:

List other below

ENT Pediatric history

None

Otitis media

Cleft lip

Cleft palate

Past history

None
Age related macular degeneration
Alzheimer's disease
Anemia
Arthritis
Asthma
Autistic disorder
Barrett's oesophagus
Bipolar disorder
Blindness and/or vision impairment
Brnochiectasis
Cataract
Cerebral arterial aneurysm
Cerebral palsy
Chronic cluster headache
Chronic lymphoid leukemia disease
Chronic obstructive lung disease
Congestive heart failure
Cystic fibrosis
Delay in physiological development
Disorder of immune function
Disorder of thyroid gland
Glaucoma
Malignant melanoma
Atrial fibrillation
Depression
Diabetes mellitus
Hypertension
Leukemia
Pregnancy
Hemophilia
Headache disorder
Heart valve disorder
Cerebrovascular accident
Diabetes mellitus type 2
Diabetes mellitus type 1
Malignant basil cell neoplasm of skin
Malignant lymphoma
Squamous cell carcinoma of skin
HIV infection
Hypercoagulability state

Oesophageal reflux
Cardiovascular system disorder
Lung disorder
Lymphatic system disorder
Musculoskeletal system disorder
Nervous system disorder
Genitourinary system disorder
Mental disorder
Vascular disorder
Pituitary adenoma
Primary malignant esophagal neoplasm
Primary malignant neoplasm of lung
Psychotic disorder
Pulmonary embolism
Pulmonary emphysema
Retinal detachment
Rheumatoid arthritis
Sarcoma
Scizophrenia
Seizure disorder
Sjogren's syndrome
Suspected head and neck cancer
Systemic lupus erythematosus
Tension type headache
Thrombocytopenic disorder
Renal failure
Migraine
Neutropenia

List other below

Family history

None
Anesthesia complications
What reactions:

List other below

Medication list

Medication allergies

None

Pharmacy name / location

Primary / Specialist doctors

Social history

Current smoker

Former smoker

Never smoked

Alcohol & drug use

None

1-2 drinks per day

3 + drinks per day

Illicit drug use

Never used drugs

NO SHOW, CANCELLATION AND LATE ARRIVAL POLICY EFF 1/1/2022

It is the goal of Joplin Ear, Nose & Throat to provide excellent care to each patient in a timely manner. We schedule appointments so that each patient will have the appropriate amount of time to be seen and treated by our physician and staff according to their individual symptoms and issues. That is why it is very important that each patient keep their scheduled appointment and arrive promptly at their scheduled time.

As a courtesy to our patients, our office will make a reminder call 2 business days prior to the scheduled appointment.

Late arrival means any patient who arrives at the clinic 15 or more minutes after the scheduled appointment time. If you arrive 15 minutes or more after your scheduled appointment time, your appointment will be canceled and you will be responsible for rescheduling it.

Same day cancellation means cancellation of an appointment or surgery less than 24 hours before the scheduled appointment/surgery time. If you are unable to keep your appointment or scheduled surgery, please contact our office with at least 24 hour notice so that we may reschedule your appointment/surgery, and accommodate those patients who are on our waiting list.

No show means failure to arrive for a scheduled appointment or surgery without prior notification to our office.

If you fail to show up for an appointment without notification, you will be charged a \$25 no show fee. This charge is not reimbursable by your insurance company and will be billed directly to you.

After three no shows for office appointments, the patient will be subject to dismissal as a patient of Joplin Ear, Nose & Throat.

If a patient fails to show up for a scheduled surgery, without notification to our office, the patient will be dismissed as a patient of Joplin Ear, Nose & Throat.

I understand the no show, late arrival and same day cancellation policy of Joplin Ear, Nose & Throat as written above, and agree to its provisions. I understand that failure to comply may result in my dismissal as a patient of Joplin Ear, Nose & Throat.

Patient name (print)

Date

Signature

Guarantor name (print)
(only if patient under age 18 or disabled)

Date

Signature