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 | Relationship to patient

Address | City & State | Zip

Phone | Date of birth | Social security #

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

Name | Relationship to patient

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?

Recommended by someone
Referred by physician
Radio
Insurance
TV
Internet
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. _____ Relationship to patient _____ Date of birth _____
2. _____ Relationship to patient _____ Date of birth _____
3. _____ Relationship to patient _____ Date of birth _____

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

1. _____ Relationship to patient _____ Date of birth _____
2. _____ Relationship to patient _____ Date of birth _____
3. _____ Relationship to patient _____ Date of birth _____

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 endarerectomy
- 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 musculoskelatal 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 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 Family history

- None
- Otitis media
- Sinusitis
- Smoking
- Thyroid cancer
- Thyroid disease

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
- Biploar disorder
- Blindess 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 esophagual 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

Name of medication and dosage

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) Date Signature
(only if patient under age 18 or disabled)