

**OTOLARYNGOLOGY OF JOPLIN DBA JOPLIN EAR NOSE & THROAT
DR. RENEE WALKER, DR. SUZANNE LONG & CAREY SMITH NP
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 _____ Cell phone _____ Home phone _____

Preferred method of contact: Phone call 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*

Name _____ Relationship to patient _____

Address _____ Phone _____

PHYSICIAN INFORMATION

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
Referred by physician TV

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INSURANCE INFORMATION

Patient's name

Date of birth

*IF AN INSURANCE CARD WAS GIVEN TO THE RECEPTIONIST - just sign at the bottom of the form

PRIMARY INSURANCE

Name of insurance

Policy or member ID number

Group number

Insured's name

Date of birth

Relationship to patient

SSN

SECONDARY INSURANCE

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.

You are also responsible to provide all information for any insurance updates to our
office in a timely manner.

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

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PERMISSIONS

Patient name _____

Date of birth _____

I authorize the following people to be able to **receive patient's medical information:**

- | | | |
|----------|-------------------------------|---------------|
| 1. _____ | Relationship to patient _____ | Phone # _____ |
| 2. _____ | Relationship to patient _____ | Phone # _____ |
| 3. _____ | Relationship to patient _____ | Phone # _____ |

IF PATIENT UNDER AGE 18 OR DISABLED:

I authorize the following people to **bring the patient to their scheduled appointment:**

- | | | |
|----------|-------------------------------|---------------|
| 1. _____ | Relationship to patient _____ | Phone # _____ |
| 2. _____ | Relationship to patient _____ | Phone # _____ |
| 3. _____ | Relationship to patient _____ | Phone # _____ |

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, determine prepay reimbursement (if any), 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 _____

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NO SHOW, CANCELLATION AND LATE ARRIVAL POLICY

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 providers according to their individual symptoms and issues. That is why it is very important that each and every patient keep their scheduled appointment and arrive promptly at their scheduled time (15 minutes prior to appointment time for new patients).

As a courtesy to our patients, our office will make a reminder call prior to the scheduled appointment. If we are unable to reach the patient/guardian, we will leave a voicemail message.

Late arrival means any patient who arrives at the clinic 15 or more minutes after the scheduled appointment time. If this occurs, the patient will not be seen and the appointment will need to be re-scheduled.

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 a 24 hour notice so that we can reschedule, so that we can attempt to fill that spot from with someone on our waiting list.

No show means failure to arrive for a scheduled appointment or surgery without prior notification to our office. See further information on no shows below.

Established patients - if you fail to show up for an appointment without prior 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 dismissed as a patient of Joplin Ear Nose & Throat.

New patient - if you fail to show up for an appointment without notification, you will not be allowed to re-schedule your appointment.

Surgery no shows - if any patient fails to show up for a scheduled surgery without prior notification to our office, you will be dismissed as a patient of Joplin Ear Nose & Throat.

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

Patient name (print)	Date	Signature
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Guarantor name (print)	Date	Signature
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** If patient is under age 18 or disabled.

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 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
Bipolar disorder
Blindness and/or vision impairment
Bronchiectasis
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 basal 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 esophageal neoplasm
Primary malignant neoplasm of lung
Psychotic disorder
Pulmonary embolism
Pulmonary emphysema
Retinal detachment
Rheumatoid arthritis
Sarcoma
Schizophrenia
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

