

**E.N.T. GROUP OF CLEVELAND, INC.**

***PATIENT REGISTRATION FORM***

WELCOME TO THE E.N.T. GROUP OF CLEVELAND.

**PATIENT DEMOGRAPHICS**

*PLEASE PRINT CLEARLY.*

TODAYS DATE: \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
PATIENT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APARTMENT# \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SEX:  MALE  FEMALE  
MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  WIDOWED  SEPARATED  
EMPLOYER: \_\_\_\_\_ PHONE# \_\_\_\_\_ EXT. \_\_\_\_\_  
RACE: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_  
ETHNICITY: HISPANIC OR LATINO (PLEASE CIRCLE) YES  No  DECLINED:   
IF MARRIED, SPOUSES NAME: \_\_\_\_\_  
FOR MINORS ONLY, CHILD LIVES WITH:  BOTH PARENTS  MOTHER  FATHER  
MOTHER/GUARDIAN: \_\_\_\_\_ PHONE# \_\_\_\_\_  
ADDRESS IF DIFFERENT: \_\_\_\_\_  
FATHER: \_\_\_\_\_ PHONE# \_\_\_\_\_  
ADDRESS IF DIFFERENT: \_\_\_\_\_

**PRIMARY INSURANCE** *PLEASE PROVIDE INSURANCE CARD(S), SO WE CAN MAKE A COPY FOR YOUR FILE.*

POLICY HOLDER'S RELATIONSHIP TO PATIENT: SELF  SPOUSE  PARENT  OTHER   
NAME OF INSURANCE HOLDER: \_\_\_\_\_  
SOCIAL SECURITY# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE# \_\_\_\_\_ EXT. \_\_\_\_\_  
EMPLOYMENT STATUS: FULL  PART TIME  SELF EMPLOYED  MILITARY   
UNEMPLOYED  RETIRED  STUDENT

**SECONDARY INSURANCE:** (IF APPLICABLE)

POLICY HOLDER'S RELATIONSHIP TO PATIENT: SELF  SPOUSE  PARENT  OTHER   
NAME OF INSURANCE HOLDER: \_\_\_\_\_  
SOCIAL SECURITY# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ WORK PHONE# \_\_\_\_\_ EXT. \_\_\_\_\_  
EMPLOYMENT STATUS: FULL  PART TIME  SELF EMPLOYED  MILITARY   
UNEMPLOYED  RETIRED  STUDENT

**PATIENT PRIVACY:**

MAY WE LEAVE A MESSAGE AT YOUR HOME WITH OTHER RESIDENTS?  YES  NO  
ON YOUR ANSWERING MACHINE/VOICE MAIL?  YES  NO  
MAY WE COMMUNICATE WITH YOU VIA THE INTERNET?  YES  NO  
E-MAIL ADDRESS \_\_\_\_\_  
WHOM MAY WE TALK TO ABOUT YOUR MEDICAL CONCERNS? NAME: \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_