



# ENT Bowling Green

Today's Date: | Referring Provider: | Primary Care Provider:

Last Name: | First Name: | MI:

Preferred Name: | Name Suffix: Jr. Sr. I II III IV

**Pharmacy Information**

Pharmacy Name: | Pharmacy Location:

**Patient Information - A Picture ID and Insurance Card is Required of all Patients**

Date of Birth: | Male/Female | SS#:

Race: | Ethnicity: | Marital Status: | Language:

**Address:**

City: | State: | Zip Code:

Home Phone: | Work Phone: | Cell Phone:

Have you registered for our patient portal? **Give us your EMAIL :**

How would you like to be contacted: Home Phone Cell Phone Email Text Patient Portal

Spouse's Name: | Spouse's Phone #:

**Payment Responsibility - Patient, Parent, Guardian or Advocate**

Name: | Relationship:

SS#: | DOB:

Address, if different from patient:

**Insurance Information**

Primary Ins: | Policyholder's Name:

Policyholder's DOB: | Policyholder's SS#:

Secondary Ins: | Policyholder's Name:

Policyholder's DOB: | Policyholder's SS#:

**In Case of Emergency**

Name: | Contact #:

**What is the purpose of your visit today?**

**Please Circle Any of the Symptoms you have been experiencing**

**GENERAL:** fatigue fever chills night sweats

**EYES:** eye pain double vision blurred vision changes in vision

**HENT:** nasal obstruction nasal congestion nose bleeding nasal discharge hearing loss

**CARDIOVASCULAR:** chest pain irregular heartbeats lower extremity edema

**RESPIRATORY:** shortness of breath wheezing cough

**GASTROINTESTINAL:** nausea vomiting diarrhea constipation

**GENITOURINARY:** dysuria nocturia urinary hesitancy

**INTEGUMENT:** rash itching skin dryness changes to existing lesions

**NEUROLOGICAL:** muscular weakness incoordination memory difficulties

**MUSCULOSKELETAL:** joint pain joint swelling muscle pain

**ENDOCRINE:** loss of hair heat intolerance weight gain weight loss

**PSYCHIATRIC:** anxiety depression mood swings

**HEME LYMPH:** easy bleeding easy bruising lymph node enlargement or tenderness

**ALLERGIC-IMMUNOLOGIC:** sneezing eye irritation

**Signature: | Date Signed:**