

OTOLARYNGOLOGY - HEAD & NECK SURGERY

New Patient Registration

Please print out this form, fill it out, and mail (or fax) it to the address below.

Stanford University
Department of Otolaryngology - Head & Neck Surgery 801 Welch Road
Stanford, CA 94305
Voice: (650) 723-5281
Fax: (650) 725-6685

Confidentiality Notice: this form may contain confidential medical information.

The information in this form is confidential and privileged. It is unlawful for an unauthorized person to review, copy, disclose or disseminate confidential information. If the reader of this warning is not the intended recipient or agent, you are hereby notified that you have received this form in error and that review or further disclosure of the information contained therein is strictly PROHIBITED. If you have received this form in error, please notify us immediately at the telephone number indicated above and return the original message to us by mail. Thank you.

First Name: John
Middle Initial: A
Last Name: Smith
Date of Birth: 05/12/1985
Gender: Male
Patient Address: 111 Summer Street

City: Palo Alto
State: CA Zip Code: 94301
Race: Multi-racial Marital Status: Married
Language: English
Social Security Number: 123 - 45 - 6789
Stanford Medical Record Number (if known): _____
Home Telephone: (650) 123-4567
Work Telephone: (650) 234-5678
Cell Telephone: (650) 345-6789
FAX: (_____)

Employment Status: Employed

Occupation: Professor
Industry: Education
Company Name: Stanford University
Company Address: 450 Jane Stanford Way, Stanford CA 94205

Insurance Provider: BCBS
Patient Group Number: 1234
Policy Number: 111-2222-3333
Patient Subscriber ID: 56789
Type of Insurance (HMO, PPO, EPO, POS, MediCare, MediCal): HMO
Insurance Telephone: (650) 987-6543
Subscriber Name: Jane Smith

Emergency Contact :

Contact Name: Jane Smith
Relationship: Spouse
Contact Telephone: (650) 132-4657

Referring Doctor: Dr. Gary Rogers
Doctor Address: 291 Campus Drive, Stanford CA 94305

Telephone: (650) 089-7645
FAX: ()

Primary Care Physician: Dr. Mary Rogers
Physician Address: 300 Pasteur Dr, Palo Alto CA 94305

Physician Telephone: (650) 089-7645
FAX: ()

Allergies: Tree nuts, shellfish

Reason for Visit: Neck pain, headache

Desired Appointment Dates and Times:

- 1) 01/01/2025 10:00 AM
- 2) 01/02/2025 10:30 AM
- 3) 01/01/2025 4:30 PM

Insurance Authorization Number (if applicable)