

**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.

**Patient Name:** John Smith  
**Date of Birth:** 05 / 12 / 85  
**Male or Female:** Male  
**Address Line 1:** 111 Summer Street  
**Address Line2:** \_\_\_\_\_  
**City:** Palo Alto  
**State:** CA **Zip Code:** 94301  
**Race:** \_\_\_\_\_ **Marital Status:** married  
**Language Needed:** \_\_\_\_\_  
**Social Security Number:** 123 - 45 - 6789  
**Stanford Medical Record Number (if known):** \_\_\_\_\_  
**Home Telephone:** ( 650 ) 123-4567  
**Work Telephone:** ( 650 ) 234-5678  
**Cellular Telephone:** ( 650 ) 345-6789  
**FAX:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Primary Insurance Provider:** BCBS  
**Patient Group #:** 1234  
**Patient Subscriber ID:** 56789  
**Type of Ins. (HMO, PPO, EPO, POS, MediCare, MediCal)** HMO  
**Telephone Number for Eligibility:** ( 650 ) 987-6543  
**Subscriber Name:** Jane Smith

**Work Status** (Full-Time, Part-Time, Retired, Student): full  
Occupation: teacher  
Employer Name: Stanford University  
Address Line 1: 123 Jane Stanford Way  
Address Line 2: \_\_\_\_\_  
City: Palo Alto State: CA Zip: 94301  
Telephone: (\_\_\_\_\_)\_\_\_\_\_

**Emergency Contact :**

Contact Name: Jane Smith  
Pt. Relationship to Contact: spouse  
Address: 111 Summer Street  
City/State: Palo Alto, CA  
Zip Code: 94301  
Tel: 650-123-6789  
Work: 650-541-2312  
Alt: \_\_\_\_\_  
Alt Phone Type: \_\_\_\_\_

**Referring Doctor:** Whot Tommy  
Address Line 1: 567 Winter Street  
Address Line 2: \_\_\_\_\_  
City: Palo Alto State: CA Zip: 94301  
Telephone: ( 650 ) 123-5741  
FAX: (\_\_\_\_\_)\_\_\_\_\_

**Primary Care Doctor:** Noh James  
Address Line 1: 007 Bond Street  
Address Line 2: \_\_\_\_\_  
City: Palo Alto State: CA Zip: 94301  
Telephone: ( 650 ) 007-0007  
FAX: (\_\_\_\_\_)\_\_\_\_\_

**Reason for Visit:** neck injury

\_\_\_\_\_

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**Desired Appointment Dates and Times:**

- 1) Monday before noon
- 2) Wednesday after noon
- 3) Friday 12-3

**Insurance Authorization Number** (if applicable) 1234567890