Century Ear, Nose and Throat
Head and Neck Surgery

16001 South 108th Avenue · Orland Park, IL 60467
Phone: (708) 460-0007 · Fax: (708) 460-0005

STAFF@CENTHNS.COM

GENERAL HISTORY

Patient Name: _____

DOB: _____ Sex: _____ If under 18, Guarantor: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security No. (last 4 digits) _____ Ht. _____ Wt. _____

Race: _____ Language: _____ Ethnicity: _____

E-mail address: _____

Primary Care Physician: _____ Phone No.: _____

Referring Physician: _____ Phone No.: _____

Pharmacy Name: _____ Pharmacy Location: _____

Emergency Contact:_____Phone:_____

MEDICATION ALLERGIES: _____ No known drug allergies _____

List any DRUG reactions and side effects experienced (e.g., shortness of breath, swelling, itching, hives, nausea, vomiting, diarrhea): _____

_____

List all **MEDICATIONS** you are taking or attach list (prescription and over-the-counter). None _____

Medication	Dosage	How often taken

FAMILY HISTORY Please check all that apply.

Bleeding disorder _____
Anesthesia reaction _____
Heart disease _____
High cholesterol _____
Environmental allergies _____
High blood pressure _____

Hearing loss _____
Diabetes _____
Asthma _____
Seizures _____
CVA (stroke) _____
Cancer _____ Type: _____

Other: _____

MEDICAL HISTORY Have you been diagnosed with any of the following? Please check all that apply.

Anemia _____
Anesthesia reaction _____
Asthma/COPD _____
Auto-immune disorder _____
Bleeding disorder _____
Cancer _____
Type: _____
CVA (stroke) _____
Diabetes _____
Environmental allergies _____
Gastroesophageal reflux _____
Heart disease _____
Hepatitis _____
High cholesterol _____
High blood pressure _____
HIV or AIDS _____
Joint replacement _____
Kidney disease _____
Liver disease _____
Pacemaker/defibrillator _____
Sickle cell disease _____
Sleep apnea _____
Seizures _____
Thyroid disease _____
Tuberculosis _____

No medical history _____ Other: _____

SURGICAL HISTORY Please check any EAR, NOSE or THROAT surgeries.

EAR
Ear tubes _____
Tympanoplasty (ear drum) _____
Mastoidectomy (mastoid) _____

NOSE
Septoplasty (deviated septum) _____
Rhinoplasty (nose reconstruction) _____
Turbinate reduction _____
Nasal polyp removal _____
Nasal fracture repair _____

SINUS
Balloon sinuplasty _____
Traditional sinus surgery _____

THROAT
Tonsillectomy _____
Adenoidectomy _____
Tracheostomy _____
Excision of neck mass _____
Tonsil/palate surgery _____
Laryngoscopy _____
Larynx (voice box) _____
Thyroid _____
Cleft lip/palate _____

Other: _____

SOCIAL HISTORY Please check all that apply.

Tobacco use? Yes _____ No _____ Former _____
Exposed to secondhand smoke? Yes _____ No _____
Alcohol consumption? Occasional _____ Often _____ None _____
Recreational drug use? Yes _____ No _____

PEDIATRIC HISTORY Complete if patient is under 18.

Was patient born premature? Yes _____ No _____ If yes, number of weeks premature _____
Require intubation or oxygen after delivery? Yes _____ No _____
Was child breastfed? Yes _____ No _____ If yes, for how long _____
Has your child had any feeding/dietary problems? Yes _____ No _____
Any difficulties with growth or weight gain? Yes _____ No _____
Does child have noisy breathing? Yes _____ No _____
Has your child had any of the following delays? Walking _____ Learning _____ Talking _____
Does child live with: Mother _____ Father _____ Both Parents _____
Other: _____
Are immunizations current? Yes _____ No _____

FEMALES ONLY

Chance of pregnancy? Yes _____ No _____
Currently breastfeeding? Yes _____ No _____

Century
ear · nose & throat
16001 108th Ave Orland Park , IL 60467

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FINANCIAL POLICY

Thank you for choosing **CENTURY EAR, NOSE AND THROAT** as your specialist provider. We are committed to providing you with affordable quality healthcare. Please read the following information regarding your responsibilities related to payment of services.

Insurance: CENTURY EAR, NOSE AND THROAT participates in most insurance plans, including Medicare. If you are not insured by a plan we are contracted with, payment in full is expected at each visit. If you are insured by a plan we are contracted with, but do not have an up-to-date insurance card, payment in full is required for each visit until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments: All co-payments are due at the time of service. This arrangement is part of your contract with your insurance company.

Non-covered services: Please be aware that some and perhaps all of the services you receive may not be covered and considered not reasonable or necessary by Medicare or other insurers.

Proof of Insurance: All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license, a valid insurance card, and a credit card for payment.

Payment Responsibility: You will receive an explanation of benefits (EOB) from your insurance company designating the amount paid and/or the patient responsibility amount. If payment is not made within 30 days, your credit card or debit card will be charged for the balance due, unless prior arrangements have been made. **CENTURY EAR, NOSE AND THROAT** will maintain your Visa, MasterCard, Discover or American Express card on file to satisfy any patient responsibilities such as deductibles, co-insurance or other balances at the time of initial appointment. If you present a debit card, funds will be drawn directly from your bank account.

Your credit card or debit card is encrypted and not visible to **CENTURY EAR, NOSE AND THROAT**. The information is stored in a high level security system that goes well beyond HIPAA and Payment Card Industry (PCI) compliance.

If we cannot collect payment after 60 days past due, we may refer your account to a **COLLECTION AGENCY** and future services may not be provided to the patient until payment has been made.

I have read and agree with the FINANCIAL POLICY outlined above. I authorize CENTURY EAR, NOSE AND THROAT to securely maintain my credit card or debit card account information and to charge my account in full for any outstanding balances 60 days after my insurance carrier has processed my claim, if payment has not been received.

_____ _____
PATIENT'S NAME (Please Print) **PATIENT'S DATE OF BIRTH**

_____
Name on Credit Card

_____ _____
Billing Address for Credit Card **Zip Code**

_____ _____
Cardholder's Signature **Date**

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT
CENTURY EAR, NOSE & THROAT – HEAD AND NECK SURGERY

I understand that under the Health Information Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of your Notice of Privacy Practices. I also understand that this practice has the right to change its Notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of the Notice of Privacy Practices.

_____ _____
PATIENT NAME (PRINT) DATE OF BIRTH

_____ _____
SIGNATURE DATE

_____ _____
I DECLINE TO SIGN DATE

_____
REASON FOR DECLINING TO SIGN

	Circle One
Test results may be left on my answering machine.	YES NO
Appointment information may be left on my answering machine.	YES NO

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, will allow my health information, test
PATIENT NAME
results, and billing questions to be discussed with the following people (such as spouse, children, friend):

Person	**Relationship**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____
PATIENT/PARENT/GUARDIAN SIGNATURE DATE