



**Hoover**  
**Ear, Nose and Throat**  
**Associates, P.C.**  
 2116 Data Park  
 Hoover, AL 35244  
 205-733-9595  
 205-733-9599 Fax



**Hoover Hearing Clinic**  
*A division of*  
*Hoover ENT Associates, P.C.*  
 2116 Data Park  
 Hoover, Alabama 35244  
 205-733-9694 Tel  
 205-733-9599 Fax

ACCOUNT #	DATE	MD	NEW	UPDATE

**PATIENT INFORMATION**

Patient's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Patient's SSN \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Preferred Language \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_ / Student: Yes / No

Race: Cauc \_\_\_ Afr American \_\_\_ Asian \_\_\_ Other \_\_\_ Ethnicity: Hispanic \_\_\_ Non-Hispanic \_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse \_\_\_\_\_ Spouse DOB \_\_\_\_\_ Spouse Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

In the case of emergency, contact: Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

**If Patient is a MINOR, please complete the following:**

Responsible Party Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Mother's DOB \_\_\_\_\_ SSN \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Father's DOB \_\_\_\_\_ SSN \_\_\_\_\_ Work Phone \_\_\_\_\_

**INSURANCE INFORMATION (\*If name on card is different from responsible party, DOB is required)**

Primary Insurance \_\_\_\_\_ Contract # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_ **\*DOB** \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Contract # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_ **\*DOB** \_\_\_\_\_

**NOTE: Adult bringing child for treatment is responsible for payment of account. If 18 or older, you are responsible for incurred charges. If patient is a student, parent/responsible party signature is required.**