

W.N.C. Ear Nose Throat Head and Neck Surgeons, P.A.

BARRY R. PATE, JR., M.D.

OTOLARYNGOLOGY  
HEAD AND NECK SURGERY  
MAXILLOFACIAL SURGERY  
BOARD CERTIFIED  
DIPLOMAT AMERICAN BOARD OF OTOLARYNGOLOGY

AUDIOLOGY  
HEARING AIDS  
HEARING CONSERVATION  
TINNITUS MANAGEMENT

**PATIENT INFORMATION**

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **GENDER: MALE or FEMALE**

**MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED SEPERATED**

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**MINORS GUARDIAN** \_\_\_\_\_

**INSURED PARTY:** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**REFERRING OR Family Dr** \_\_\_\_\_

**PHARMACY NAME AND ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RACE: WHITE AFRICIAN AMERICIAN/BLACK ASIAN NATIVE AMERICIAN/ALASKIAN**

**OTHER** \_\_\_\_\_ **DECLINE TO ANSWER**

**ETHNICITY: LATINO NON LATINO DECLINE TO ANSWER**

**LANGUAGE: ENGLISH SPANISH RUSSIAN FRENCH GERMAN**

**OTHER** \_\_\_\_\_

**SMOKING STATUS: SMOKER NON SMOKER FORMER SMOKER**

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