

# Landrum ENT

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580-421-6470, Doctor@LandrumENT.com

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Female:  Male:  Marital Status: \_\_\_\_\_ SS#: \_\_\_\_\_

Referring or  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Care Doctor: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

In case of Emergency Contact : \_\_\_\_\_  
Name Relationship Phone

RESPONSIBLE PARTY (if patient is a minor) or Insured Information if different from Patient:

Full Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SS#: \_\_\_\_\_

Please circle the answer that best applies:

<u>Race:</u> American Indian/Alaska Native Asia Black/African American Native Hawaiian Pacific Islander White Patient Decline	<u>Ethnic:</u> Hispanic or Latino Non-Hispanic or Latino Patient Decline	<u>Smoker:</u> Current, Every Day Current, Some Day Former Never Former, Current Unknown Unknown	<u>Primary Language:</u> English Spanish French Russian Hawaiin Dutch Chinese Japanese
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How do you prefer to be reminded about future appointments? Phone:  Text:  Email:

Office use only: Email access