Central Coast
Head and Neck Surgeons

Salinas Ph (831) 422-8798 • Fax (831) 422-0153
Monterey Ph (831) 649-4000 • Fax (831) 649-0268
www.centralcoastent.com

Demographics

Last Name: _____ First Name: _____ Middle: _____

Gender: ☐ Female ☐ Male Social Security: _____ DOB: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Home Phone Number: _____ Cell Phone Number: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Email Address: _____ Preferred Contact Method: _____

Referring Provider: _____ Primary Care Physician: _____

If Patient is Under 18 Years Old, Please Complete This Section

Name of Parent/Guardian: _____ DOB: _____

Street Address: _____

City: _____ State _____ Zip: _____

Social Security: _____ Relationship to Patient: _____

Phone Number: _____

Primary Insurance Information

Insurance Carrier Name: _____

Policy Number: _____ Group Number: _____

Name of Insured: _____ DOB: _____

Relationship to Patient: _____ Social Security Number: _____

Secondary Insurance Information

Insurance Carrier Name: _____

Policy Number: _____ Group Number: _____

Name of Insured: _____ DOB: _____

Relationship to Patient: _____ Social Security Number: _____

Person to Notify in Case of an Emergency

Name: _____

Street Address: _____

City: _____ State _____ Zip: _____

Contact Number: _____ Relationship to Patient: _____