

## Southeast Michigan Ear, Nose and Throat

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### Medical History:

- |   |   |   |
|---|---|---|
| <input type="radio"/> Anemia                      | <input type="radio"/> Hayfever            | <input type="radio"/> Reflux/Heart Burn   |
| <input type="radio"/> Anxiety                     | <input type="radio"/> Headaches           | <input type="radio"/> Peptic Ulcer        |
| <input type="radio"/> Arthritis                   | <input type="radio"/> Hearing Loss        | <input type="radio"/> Seizures            |
| <input type="radio"/> Asthma                      | <input type="radio"/> Heart Attack        | <input type="radio"/> Multiple Sclerosis  |
| <input type="radio"/> Cholesterol                 | <input type="radio"/> Heart Failure       | <input type="radio"/> Sinusitis           |
| <input type="radio"/> Cancer – What<br>type _____ | <input type="radio"/> Heart Problems      | <input type="radio"/> Sleep Apnea         |
| <input type="radio"/> Cardiovascular Disease      | <input type="radio"/> Hepatitis           | <input type="radio"/> Snoring             |
| <input type="radio"/> Depression                  | <input type="radio"/> Hernia              | <input type="radio"/> Shortness of Breath |
| <input type="radio"/> Developmental Problems      | <input type="radio"/> High Blood Pressure | <input type="radio"/> Stroke              |
| <input type="radio"/> Diabetes                    | <input type="radio"/> Hypothyroidism      | <input type="radio"/> Swelling            |
| <input type="radio"/> Difficulty Breathing        | <input type="radio"/> Injury              | <input type="radio"/> Thyroid Disease     |
| <input type="radio"/> Ear Infection               | <input type="radio"/> Kidney Infections   | <input type="radio"/> TIA                 |
| <input type="radio"/> Eczema                      | <input type="radio"/> Language Barriers   | <input type="radio"/> Tonsillitis         |
| <input type="radio"/> Emphysema                   | <input type="radio"/> Liver Disease       | <input type="radio"/> Tuberculosis        |
| <input type="radio"/> GERD                        | <input type="radio"/> Meningitis          |   |
| <input type="radio"/> Glaucoma                    | <input type="radio"/> Mental Illness      |   |

### HIV/STD POSITIVE:

Yes \_\_\_\_\_ NO \_\_\_\_\_

Other Medical History \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Current Medications & Dosage \_\_\_\_\_

### Tobacco Assessment: Smoking Status

Are you a smoker? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many years \_\_\_\_\_ Pack(s) per day \_\_\_\_\_

Are you a former smoker? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date quit \_\_\_\_\_

### Social History

Alcohol Use:

Non Drinker \_\_\_\_\_ Occasional Drinker \_\_\_\_\_ Heavy Drinker \_\_\_\_\_ Former Drinker \_\_\_\_\_

Illicit Drug Use: Yes \_\_\_\_\_ No \_\_\_\_\_

Noise Exposure: Yes \_\_\_\_\_ No \_\_\_\_\_ Noise Protection Used: Yes \_\_\_\_\_ No \_\_\_\_\_

Exercise How Often: \_\_\_\_\_ Caffeine Use-Servings per Day: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Family History

- Allergies    Asthma/Bronchitis    Bleeding Disorder    Cancer (What type: \_\_\_\_\_)    Diabetes  
 Hearing Loss    Cardiovascular Disease    Hypertension    Stroke    Neurologic Disorder

**Other Family History:** \_\_\_\_\_

### Surgical /Procedural

- |   |                                      |  |   |
|---|--------------------------------------|--|---|
| <input type="radio"/> No prior surgical history |                                      |  |   |
| <input type="radio"/> Appendectomy              | <input type="radio"/> Cancer surgery | <input type="radio"/> Hemorrhoids        | <input type="radio"/> Septoplasty           |
| <input type="radio"/> Back/Neck surgery         | <input type="radio"/> Ear surgery    | <input type="radio"/> Hernia             | <input type="radio"/> Stomach               |
| <input type="radio"/> Brain surgery             | <input type="radio"/> GYN/OB surgery | <input type="radio"/> Hysterectomy       | <input type="radio"/> Sinus surgery         |
| <input type="radio"/> Breast surgery            | <input type="radio"/> Gall bladder   | <input type="radio"/> Orthopedic surgery | <input type="radio"/> Thyroid               |
| <input type="radio"/> Cataract surgery          | <input type="radio"/> Heart surgery  | <input type="radio"/> Rhinoplasty        | <input type="radio"/> Tonsils/Adenoidectomy |

**Other surgical history:** \_\_\_\_\_

## Patient Review of Systems

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**Have you ever experienced or are you experiencing any of the following: (Please check all that apply)**

### ENT

- Bad breath
- Dental problems
- Difficulty swallowing
- Dryness of mouth
- Dysphagia
- Earache
- Facial pain
- Hoarseness
- Loss of hearing
- Nasal congestion
- Nasal discharge
- Nosebleeds (Epistaxis)
- Snoring
- Sore throat
- Tinnitus

**Other:** \_\_\_\_\_

### CARDIOVASCULAR (Heart)

- Palpitations
  - Lightheadedness
  - Chest pain
- Other:** \_\_\_\_\_  None

### CONSTITUTIONAL

- Generally feeling well
  - Loss of appetite
  - Fever
  - Tired
  - Chills
  - Weight gain
  - Headache
  - Weight loss
- Other:** \_\_\_\_\_  None

### ENDOCRINE/HEME/ONC

- Hot flashes
  - Excessive thirst
  - Night sweats
  - Excessive sweating
  - Jaundice
  - Bleeding disorders
- Other:** \_\_\_\_\_  None

### EYES

- Blurred vision
  - Cataracts
  - Double vision
- Other:** \_\_\_\_\_  None

### GASTROINTESTINAL (Stomach)

- Constipation
  - Heartburn
  - Diarrhea
  - Ulcers
- Other:** \_\_\_\_\_  None

### GENITOURINARY

- Burning with urination
  - Hesitation with urination
  - Excessive bleeding during period
  - Kidney disease/failure
  - Kidney stones
- Other:** \_\_\_\_\_  None

### NEUROLOGICAL

- Difficulty walking
  - Headaches
  - Seizures
  - Dizziness
  - Memory loss
  - Weakness
- Other:** \_\_\_\_\_  None

### MUSCULOSKELETAL

- Arthritis
  - Back pain
  - Joint pain
  - Joint swelling
  - Muscle Aches
  - Back
  - Bone pain
  - Joint stiffness
  - Leg pain
- Other:** \_\_\_\_\_  None

### PSYCH

- Anxiety
  - Depression
  - Hallucinations
  - Sleep disturbances
- Other:** \_\_\_\_\_  None

### RESPIRATORY

- Coughing
  - Difficulty breathing
  - Shortness of breath
  - Coughing up sputum
  - Wheezing
- Other:** \_\_\_\_\_  None

**Patient Information****Please Print**

Name of Patient \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender M / F \_\_\_\_\_ Single / Married / Widow / Divorced \_\_\_\_\_  
 Email Address \_\_\_\_\_ Language \_\_\_\_\_ Ethnicity/Race \_\_\_\_\_  
 Employer \_\_\_\_\_ If Married - Name of Spouse \_\_\_\_\_ Spouse DOB \_\_\_\_\_  
 Local Pharmacy \_\_\_\_\_ Cross Streets \_\_\_\_\_ City \_\_\_\_\_  
 Person Financially Responsible for Patient \_\_\_\_\_ Relationship \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name to release Medical information \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Primary Physician \_\_\_\_\_ Referring Physician \_\_\_\_\_ HIPAA Read/Initial \_\_\_\_\_

**ACKNOWLEDGEMENTS AND AGREEMENTS**

**CONSENT FOR EXAMINATION AND TREATMENT:** I understand that medical treatment may be necessary for the patient by Southeast Michigan Ear, Nose and Throat or associates and/or assistants. I understand the examination procedures will be explained to me and I shall consent to the partial or complete examination. I understand that the examination results will be provided to me with recommendations. I hereby consent to and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of Southeast Michigan Ear, Nose and Throat, and associates. No Guarantee of assurance has been given by anyone as to the results that may be obtained by such treatments. The responsibility for any follow-up examinations to check abnormalities found and treated, lies with me and not Southeast Michigan Ear, Nose and Throat and associates.

**PAYMENT POLICY:** Payment is due at the time of service. We accept cash, checks, and credit cards. All co-payments, deductibles and non-covered services must be paid in full at the time of service. If your insurance is a managed care plan please review your coverage. If you require services that require a referral - adequate planning is essential. Referrals must be authorized by your doctor an usually require and office visit. Authorization from managed care plans for your referrals may take one or more days. Please be aware that we are often unable to accommodate call in requests for referrals. Failure to obtain necessary authorizations often leads to out of pocket expense. We are happy to assist you in any way with your managed care plan however, our experience with these plans has demonstrated that planning and adequate lead time are essential. If your insurance company requires laboratory specimens be sent to a specific lab, it is your responsibility to know the participating lab. **Your knowledge of your plan regulations and benefits as well as adequate planning will be your responsibility. \*\*INITIAL HERE\*\*** \_\_\_\_\_

Your doctor is here to manage your medical care. The physicians are not experts on insurance and cannot be aware of all financial arrangements. Please discuss insurance problems and financial arrangements with the business office staff. If you are experiencing financial difficulties please discuss this with the practice manager. We will gladly work with you to make payment arrangements. Accounts over ninety (90) days past due may be referred to a collection agency.

In case of estranged or divorced parents, the parent accompanying the child to the visit is responsible to pay for services rendered, regardless of overage arrangements. We will gladly furnish you with statements for reimbursement.

**Failure to give 24 hours notice for cancellation of an appointment with the doctor will result in the charge of twenty-five dollars (\$25) being applied to your balance. Failure to give forty-eight (48) hours notice for cancellation of an appointment for ALLERGY AND/OR BALANCE TESTING will result in the charge of seventy five (\$75) being applied to your balance. Time reserved for those that miss appointments without advanced notice takes from other patients who otherwise may have been scheduled to see the doctor. Please schedule your appointments appropriately. We wish for all patients timely care.**

**ASSIGNMENT OF BENEFITS:** I request that payment of authorized insurance benefits be made to me or on my behalf to Southeast Michigan Ear, Nose and Throat, for any services furnished to me by that provider. I authorize any holder of medical information about me to release to my insurance company (or its managing company) and its agents any information needed to determine benefits payable for related services. This authorization is in effect for my lifetime, or until I choose to revoke it.

I have read the above Acknowledgements and Agreements and fully understand and accept the same.

Patients Name (**print**) \_\_\_\_\_

Signature of Patient or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Southeast Michigan Ear, Nose and Throat**  
Notice of Privacy Practices

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This notice describes how your medical information may be used, disclosed, and your patient rights. Please review this carefully.  
OUR PLEDGE REGARDING MEDICAL INFORMATION

Southeast Michigan ENT is committed in protecting your medical information. This notice describes the medical privacy practices and that of all its employees and staff. This notice will not only offer an explanation of how your medical information may be used and disclosed, but also your patient rights and responsibilities. We are required by law to: Provide a Notice of Privacy Practices, Respect Confidentiality of our patients and Follow the terms of this notice

**HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED**

The following categories describe different ways your medical information may be used or disclosed.

**Treatment:** Medical information may be used and disclosed to provide the patient with medical care.

**Payment:** Medical information may be used and disclosed in order to receive payment for services rendered from patient, insurance company or a third party.

**Health Care Operations:** Your medical information may be used and /or disclosed within the medial practice to enhance the quality of care of our patients.

**Appointment Reminders:** Disclosure of medical information may be utilized to contact and remind patient of an appointment for the treatment or medical care.

**Treatment Alternatives:** Medical information may be used and disclosed to inform or recommend possible treatment options to patient.

**Health-Related Benefits and Services:** Medical information may be used and disclosed to inform patient of health related benefits or services.

**Individuals Involved in your care or payment:** With the permission of the patient, medical information may be released to a close personal friend or family member who is involved in the patient's medical care and /or payment of care.

**Special Situations When permitted or Required by Law:**

Medical information about patient may be disclosed in special situations when permitted or required by law, including the following:

- To Advert a serious threat to health and safety to the patient or public
- For public health and administrative oversight activities such as disease control abuse or neglect reporting health and vital statistics, audits, investigations and licensure reviews.
- For organ and tissue donation and transplant to facilitate organ or tissue donation
- For research purposes certain or limited information may be disclosed as permitted by law
- To Workers compensation or similar programs for the payment of the benefits for work-related injuries.
- To coroners, medical examiners, and funeral directors to identify a deceased person, to determine the cause of death or to carry out duties.
- To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions and criminal activity.

For U. S. Military and Veteran reporting regarding members and veterans of the armed forces of U. S. or foreign military.

For National security and intelligence activities such as protective services for the President and other authorized personnel.

**STATE AND OTHER FEDERAL LAWS:** Southeast Michigan Ear, Nose and Throat will comply with all applicable state and federal laws.

**Other uses of Medical Information Required and Authorization:** Other uses and disclosures of medical information not covered by this NOTICE or the laws that apply to us will be made only with the patient's written authorization. Authorization from patient to obtain or give medical information may be revoked at any time, in writing. Disclosure of medical information made prior to receiving written notice cannot.

**Your Rights regarding Patient Medical Information:**

**Right to Inspect and Copy:** Patient have the right to inspect and copy medical information that may be used to make decisions regarding their care. A reasonable fee may be charged.

**Right to Amend:** Patient has the right to request their medical records be amended or corrected if needed. All requests must be in writing.

**Right to request Confidential Communications:** Patient has the right to request that we communicate with them regarding their medical information by utilizing a particular venue or mailing to a certain location.

**Right to Paper Copy of this Notice:** Patient has the right to request a copy of this notice at any time.

**Right to file a Complaint:** A patient as the right to file a complaint regarding the privacy practices or if they believe that their privacy rights have been violated. Complaints maybe filed with SEMIENT. Patient may also file a complaint with the Secretary of Department of Health and Human Services. Under no circumstances with the patient be penalized for filing a complaint.

You have many rights with regard to your medical information. If you wish to exercise any of these rights, please submit your request in writing to:

**Southeast Michigan Ear, Nose and Throat**  
2421 Monroe Suite 201  
Dearborn, MI 48124

**Changes to Notice**

Southeast Michigan Ear, Nose and Throat reserve the right to make any revisions or changes to the NOTICE. Any changes or revisions made to this notice will be effective for medical information already in our possessions as well as any information received in the future.