

# Patient Information



**Scott N Bateman, M.D.**

Sinus - Allergy - Facial Plastic Surgery  
Otolaryngology - Head & Neck Surgery

330 W. Dow, Sheridan, Wyoming

(307)672-0290

PRIMARY PHYSICIAN						
PATIENT'S NAME		PREFERRED NAME	SEX M F	MARITAL STATUS S M W DIV SEP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
STREET ADDRESS			CITY, STATE, AND ZIP CODE			HOME PHONE NUMBER
PATIENT'S EMPLOYER			OCCUPATION (INDICATE IF STUDENT) HOW LONG EMPLOYED			BUSINESS PHONE NUMBER
EMPLOYER STREET ADDRESS			CITY, STATE AND ZIP CODE			CELL PHONE NUMBER
IN CASE OF EMERGENCY CONTACT- NAME, PHONE AND ADDRESS						
SPOUSE'S NAME						
SPOUSE'S EMPLOYER			SPOUSE'S OCCUPATION (INDICATE IF STUDENT)			BUSINESS PHONE NUMBER
EMPLOYER'S STREET ADDRESS			CITY AND STATE			ZIP CODE
HOW DID YOU HEAR ABOUT THIS PRACTICE? (CHECK ALL THAT APPLY)						
<input type="checkbox"/> ANOTHER PATIENT		<input type="checkbox"/> PREFERRED BY A PHYSICIAN		<input type="checkbox"/> WORD OF MOUTH		<input type="checkbox"/> OTHER - SPECIFY:
				<input type="checkbox"/> YELLOW PAGES: QWEST (LARGE DIRECTORY)		<input type="checkbox"/> YELLOW PAGES: SHERIDAN & JOHNSON (SMALL DIRECTORY)

## If the Patient is a Minor or Student:

MOTHER'S NAME		SOCIAL SECURITY NO	STREET ADDRESS CITY STATE AND ZIP CODE		HOME PHONE NO
MOTHER'S EMPLOYER		OCCUPATION		HOW LONG EMP	BUS. PHONE NO
EMPLOYER'S ADDRESS		CITY AND STATE			ZIP CODE
FATHER'S NAME		SOCIAL SECURITY NO	STREET ADDRESS CITY STATE AND ZIP CODE		HOME PHONE NO
FATHER'S EMPLOYER		OCCUPATION		HOW LONG EMP	BUS. PHONE NO
EMPLOYER'S ADDRESS		CITY AND STATE			ZIP CODE

All professional services rendered are charged to the patient. In order to control our cost of billing, we request that services be paid for at the time they are rendered. We would rather control our billing cost than be compelled to raise our fees.

## Insurance Information:

PERSON RESPONSIBLE FOR PAYMENT		STREET ADDRESS CITY, STATE AND ZIP CODE		HOME PHONE NO
COMPANY NAME AND ADDRESS	NAME OF POLICY HOLDER		POLICY NO	GROUP NO
COMPANY NAME AND ADDRESS	NAME OF POLICY HOLDER		POLICY NO	GROUP NO
COMPANY NAME AND ADDRESS	NAME OF POLICY HOLDER		POLICY NO	GROUP NO

## Insurance Authorization and Assignment:

I hereby authorize Scott N Bateman M.D., Sheridan Ear Nose & Throat and/or their authorized agents to furnish information to insurance carriers concerning this condition/illness/accident and treatments and hereby irrevocably assign to Dr. Bateman all payments for medical services rendered to myself or to my dependents. I understand that I am responsible for all charges, whether or not covered by insurance.

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
DATE



Scott N. Bateman, M.D.
SINUS • ALLERGY • FACIAL PLASTIC SURGERY
OTO-RHINOLOGY • HEAD & NECK SURGERY

Confidential Patient Visit

Pediatric

Sheridan Ear, Nose & Throat

330 W. Dow, Sheridan WY 82801 (307) 672-0290

Today's Date

Patient's Name: Last First Middle Age

Reason for Today's Visit:

Did another physician request that your child see Dr. Bateman? YES NO Their name?

Past Medical History

What illnesses does your child or has your child had?

- Cancer, Diabetes, Asthma, Seizure, Heart Disease, Liver or Intestinal Disease, Kidney/Bladder Disease, Developmental Delay, Ear infections/hearing loss, Frequent throat infections, Abnormal birth/delivery, Bleeding/Bruising, Allergies, Other

If yes, please list details and dates here:

Past Surgical History

What surgery has your child had?

- PE Tubes (Ears), Other ear surgery, Adenoids, Tonsils, Accident/Fracture, Appendix, Abdomen/Belly, Circumcision, Sinus Surgery, Nose surgery, Throat/Neck, Eye surgery, Cuts/Stitches, Pregnancy, Other

If yes, please list details and dates here:

Family History

Do members of your child's family suffer from these conditions?

- Cancer, Diabetes, Asthma, Stroke, Heart Disease, Liver Disease/Hepatitis, Kidney/Bladder Disease, Epilepsy/Seizure, Allergies/Hay fever, Thyroid problems, Hearing loss/ringing, Sinusitis, Bleeding/Bruising, AIDS/HIV, Mental Illness, Other

If yes, please list details and dates here:

Lifestyle Child lives at home with both parents Child lives with mother Child lives with father Neither

If other adults besides those listed above live at home with this child, who are they?

Family Constellation: This child is the (1st, 2nd, 3rd, 4th, etc) child of (how many total) children in the family.

Enrolled in School? YES NO What Year/Grade? Name of School?

Enrolled in Day Care? YES NO Enrolled in Pre School? YES NO Enrolled in After School Care? YES NO

Is this child exposed to tobacco smoke at home or anywhere else (i.e., friend's house) on a regular basis? YES NO

Child/Teenager Tobacco Use Never used tobacco Uses smokeless tobacco Smokes cigarettes/packs per day

Child/Teenager Alcohol Use Never used alcohol An occasional drink Drinks regularly

Drug Use YES NO Sexually Active? YES NO

Medications Please list any medications your child may be taking and their dosages

Is your child allergic to any medications? YES NO

If yes, please list them here:

General Consent for Treatment

I, knowing that my child or ward is suffering from a condition requiring diagnostic, medical or surgical treatment, do hereby voluntarily consent to such procedures and care for said child and to such medical, surgical or other services under the general and specific instructions of Dr. Bateman, his assistants or his designee as is necessary in his judgment.

Parent's, Guardian's or Responsible Party's Signature

Relationship to Patient

Date

