



Charles A. Amenta III, MD
Homewood ENT & Hearing Center
Ear, Nose, & Throat Care. Hearing Aids & Tests.

Patient Information

Patient's Name: _____

Date of Birth: _____ Age: _____ Sex: ☐ Female ☐ Male

Phone Number: _____ ☐ Cell ☐ Home ☐ Work

May we leave a message at this number? ☐ Yes ☐ No

Alternate Phone Number: _____ ☐ Cell ☐ Home ☐ Work

May we leave a message at this number? ☐ Yes ☐ No

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

By giving us your email address, you agree to join our HIPAA-compliant patient portal and receive messages such as appointment reminders. Please do not use our portal for emergencies.

Emergency Contact: _____ Relationship: _____

Phone: _____ Consent to Share Medical Information: ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Language: ☐ English ☐ Spanish ☐ Other: _____

Race: ☐ Asian ☐ African American/Black ☐ Hispanic ☐ Caucasian ☐ Prefer Not to Answer ☐ Other: _____

Which Pharmacy Do You Use? _____

Address: _____ Phone: _____

Primary Care/Referring Physician: _____

Primary Insurance: _____

Subscriber: _____ Date of Birth: _____

Secondary Insurance: _____

Subscriber: _____ Date of Birth: _____

I authorize Dr. Charles Amenta to furnish information concerning my illness and treatment to my insurance company. I am responsible for all fees not covered by my insurance. If payment arrangements have not been made in a timely manner, my account will be sent to an agency, and additional fees may be applied. It is the patient's responsibility to inform the office of any changes to their information.

Signature: _____ Date: _____