Jagdeep Hundal, MD,
*Otolaryngology, Head & Neck Surgery*
774 Christiana Rd, Suite B4, Newark, DE 19713
Phone: 302-266-2449 Fax: 302-266-2450

FIRST STATE ENT

## Welcome to First State ENT

First State ENT service is an independent Otolaryngology practice. This list provides information about our services and answers to the most commonly asked questions.

**Appointments:**
Every effort is made to see you as close to your appointment time, so your promptness is appreciated. Unfortunately, unforeseen conditions of other patients or medical emergencies may require the doctor to spend extra time with a patient. When you schedule an appointment, please be as complete as possible in describing your needs so that we may schedule the proper amount of time for you. If you fail to cancel your appointment, you will be charged a $25 "No show fee". This is necessary to insure courtesy to other patients.

**Insurance:**
Please bring a copy of your insurance card and a photo ID to your appointment. If your insurance plan requires a referral, please request it in advance from your primary care physician.

**If you need a copy of your medical record:**
The original medical records are the property of the health care provider. However, records will be copied for you or another health care provider with your written request. There may be a charge to copy records for your personal use.

**If you need a prescription refilled:**
Request to refill a prescription should be made at least one to two business days before the prescription runs out. Narcotic prescriptions are usually avoided as we don't treat pain, if however, needed for postop patients, you will require a written script and will have to be picked up at our office.

**If you need a referral:**
Please call your primary care physician prior to your scheduled appointment. We are unable to bill your insurance without a referral. If you arrive for your appointment without a referral you will be asked to reschedule your appointment or asked to sign a waiver making you financially responsible for the visit.

**Payment:**
Our office accepts Cash, Checks, Visa, MasterCard, and discover card only. Charges and co pays are due at the time of check-in. Every effort is made to collect past due balances.

**In an effort to reduce waiting time in our office we are requesting that you complete the attached new patient paperwork ahead of time. You can return this by:**
**Fax**- 302-266-2450 **Mail** -774 Christiana Road, Suite B4, Neuroscience bldg, Newark, DE 19713
**In Person** -During office hours to the front desk

If you should have questions while completing the packet, please don't hesitate to call our office at 302-266-2449 for assistance.

Thank you for your help!

Jagdeep Hundal, MD,
*Otolaryngology, Head & Neck Surgery*
774 Christiana Rd, Suite B4, Newark, DE 19713
Phone: 302-266-2449 Fax: 302-266-2450

FIRST STATE ENT

Name:_____ Sex: Male or Female

Address: _____

City:_____ State:_____Zip Code:_____

Home #: _____Cell #: _____Work #:_____

Email Address: _____

Date of Birth:_____ Social Security #:_____

PCP:(Name & phone number) _____

Pharmacy:(Name & phone number) _____

Emergency Contact/Guarantor of patient under 18 years of age

Name:_____Relationship:_____

Address: _____

City:_____ State:_____ Zip Code:_____

Home #: _____Cell #: _____Work #:_____

Insurance card and/or insurance referrals must be presented at the beginning of the appointment. All insurance co-payments will be collected at the beginning of the appointment.

*I authorize First State ENT association and its employees to release all information including any or all of my medical records that may be required for payment of my charges by my insurance company, HMO, Medicare or other third party. I authorize that payment be made directly to First State ENT or its authorized agents. I understand that I am financially responsible to pay for any charges not covered by insurance.

_____ _____
(Signature) (Date)

Jagdeep Hundal, MD,
*Otolaryngology, Head & Neck Surgery*
774 Christiana Rd, Suite B4, Newark, DE 19713
Phone: 302-266-2449 Fax: 302-266-2450

FIRST STATE ENT

# Patient Record of Disclosures

In general, the HIPPA privacy act gives individuals the right to request a restriction on use and disclosure of their protected health information (PHI). The individual is also provided the right to confidential communication be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner:

- Home telephone
- Cell Phone
- Leave a message with a callback number only
- Ok to leave detailed message
- Written communication to my home address

And/or

- Work telephone
- Ok to leave a detailed message
- Leave a message with a call back number only

You may discuss my medical information with the following people:

- _____
- _____
- _____

_____ _____
(Signature) (Date)

Jagdeep Hundal, MD,
*Otolaryngology, Head & Neck Surgery*
774 Christiana Rd, Suite B4, Newark, DE 19713
Phone: 302-266-2449 Fax: 302-266-2450

FIRST STATE ENT

## Patient Health History

Name: _____ Date of Birth_____

What is the main reason you are seeing the doctor today? _____
_____
_____

**Past Medical History:** (Please check yes or no)

| DIAGNOSIS | Yes | No | DIAGNOSIS | Yes | No |
|---|---|---|---|---|---|
| **Head and Face** | | | **Lungs and Respiratory** | | |
| ° Cluster headache | | | ° Asthma | | |
| ° Migraine headache | | | ° Chronic Bronchitis | | |
| **Eyes** | | | ° Emphysema | | |
| ° Cataracts | | | **Stomach and Digestive:** | | |
| ° Glaucoma | | | ° Gallbladder Inflammation | | |
| **Ears** | | | ° Gastrointestinal reflux | | |
| ° Hearing loss | | | ° Ulcerative colitis | | |
| ° Vertigo | | | ° Stomach ulcer | | |
| ° Tinnitus | | | **Mental & Emotional** | | |
| **Nose and Sinus** | | | ° Depression | | |
| ° Nasal Allergies | | | ° Anxiety | | |
| ° Deviated Septum | | | **Endocrine** | | |
| ° Chronic Sinus infection | | | ° Diabetes | | |
| **Mouth and Throat:** | | | ° Thyroid deficiency | | |
| ° Chronic Tonsillitis | | | ° Thyroid Excess | | |
| ° Sleep Apnea | | | **Allergies, Immune & Infectious Problems** | | |
| **Heart and Blood Vessels:** | | | ° HIV | | |
| ° High Blood pressure | | | ° Infectious mononucleosis | | |
| ° High Cholesterol | | | | | |
| **Heamtology:** | | | **Cancer?** | | |
| ° Bleeding disorder | | | **Any other Issues?** | | |
| ° Lymphoma | | | | | |
| ° Leukemia | | | **Are you pregnant?** | | |

## Medication List:

| Name | Dosage | Directions |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Jagdeep Hundal, MD,
*Otolaryngology, Head & Neck Surgery*
774 Christiana Rd, Suite B4, Newark, DE 19713
Phone: 302-266-2449 Fax: 302-266-2450

FIRST STATE ENT

**Please list your allergies (Medications, food, supplies, etc)**

_____
_____
_____

**Surgeries and Hospitalizations**

Have you had problems with anesthesia? Yes or No
Have you had any ear, nose, or throat surgery? Yes or No
If yes: (Type and date) _____
_____
_____

List any other surgeries you have had _____
_____
_____

Have you ever been hospitalized for non-surgical reasons? Yes or No
If yes please explain: _____
_____
_____

**Family History**
Please check if anyone in your family has had the following and write who.

| Diagnosis | Who? |
|---|---|
| • **Hearing loss** | |
| • **Vertigo** | |
| • **Chronic Sinus Disease** | |
| • **Heart Disease** | |
| • **Hypertension** | |
| • **Asthma** | |
| • **Cancer** | |
| • **Stroke** | |
| • **Bleeding/Clotting Problems** | |
| • **Other:** | |

**Social History**

What is your occupation? _____

Do you smoke? Yes or No If yes: How many cigarettes per day? _____ & years ____

Do you consume alcohol? Yes or No How many drinks per day? _____

Do you use recreational drugs? Yes or No How Often _____

Jagdeep Hundal, MD,
*Otolaryngology, Head & Neck Surgery*
774 Christiana Rd, Suite B4, Newark, DE 19713
Phone: 302-266-2449 Fax: 302-266-2450

FIRST STATE ENT

**Review of Symptoms:**

Please circle if you recently had or have any of the following symptoms

**General Health Problems**: Fever, Sleeping Problems, Unintentional Weight Loss

**Head or Face problems**: Headache, Face Pain

**Eye Problems**: Blurred Vision, Loss of Vision, Painful Eye

**Ear Problems**: Hearing Loss, Dizziness, Ringing in the Ears, Ear Pain, Ear Discharge
(Please mention Right, left or both ears for above complaints)

**Nose and Sinus:** Frequent colds, Nosebleeds, Runny Nose, Itchy Nose, Sneezing, Sinus Drainage, Post Nasal Discharge, Nasal Congestion, Recurrent sinus infections

**Mouth and Throat Problems:** Change in Voice, Snoring, Sore Throat, Ulcers, painful swallowing, difficulty swallowing, lump in throat, Dry mouth, caries teeth

**Neck Problems**: Neck masses or lumps, Pain, Swollen Glands

**Cardiovascular**: Blacking out or fainting, Chest Pain, Irregular heartbeat, Swelling of ankles, high blood pressure

**Gastrointestinal**: Dysphagia, Heartburn, Nausea, Vomiting, Abdominal Pain, Diarrhea

**Musculoskeletal**: Pain in back, Painful Joints, Stiffness, Swelling of Joints

**Brain / Nervous System Problems:** Change in Alertness, Loss of Bladder control, Loss of Consciousness, Severe face pain, weakness, facial droop.

**Respiratory:** Frequent non productive cough, frequent productive cough, Shortness of Breath, Wheezing

**Endocrine:** Increased Appetite, Increased fatigue, Neck has enlarged, Unwanted weight change, Cold intolerance, thyroid problems

**Hematological**: Bleeds excessively after injury, Bruises Easily, pin point hemorrhages

**Psychiatric:** Anxiety, Depression