ACENT
ALASKA CENTER FOR EAR NOSE AND THROAT

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PATIENT REGISTRATION

In order to serve you properly we require the following information. Please COMPLETE ALL Sections. ***(PLEASE PRINT)***

Patient Information:

First Name: _____ M.I. _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell#: _____ Work#: _____

Birth Date: _____ Gender: ☐ Male ☐ Female Preferred Language: _____

Marital Status: _____ Email: _____

SSN#: _____ Would you like us to email you our latest newsletter? Y ☐ N ☐

Employer: _____ Preferred Contact *(circle one):* Home Phone | Cell Phone | Work Phone

Occupation: _____ Referring Physician: 1. _____ 2. _____

Please check below all boxes that apply to you:

Ethnicity: Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Declined ☐

Race: American Indian ☐ Alaska Native ☐ African American ☐ Asian ☐
Caucasian ☐ Hawaiian/Pacific Islander ☐ Other Race ☐ Declined ☐

Please check below all boxes that apply to you:

Employed ☐ Minor ☐ Retired ☐ Disabled ☐ Full-Time Student ☐ Unemployed ☐ Other ☐

Parent/Legal Guardian Information: (If patient is a minor or disabled)

Full Name: _____ Relationship to Patient: _____

Address: _____ City: _____ State: _____

Birth Date: _____ Phone: _____

SSN#: _____ Employer: _____ Work Phone: _____

Insurance Information: (Please provide your insurance card to our front office staff)

Insurance Co name: _____

Subscriber's name: _____ Birth Date: _____

SSN#: _____ Subscriber's Relationship: _____

Employer name: _____ Type of Plan *(circle one)*: Actively Employed | Retiree Plan | COBRA

Secondary Insurance Information: (Please provide your insurance card to our front office staff)

Insurance Co name: _____

Subscriber's name: _____ Birth Date: _____

SSN#: _____ Subscriber's Relationship: _____

Employer name: _____ Type of Plan *(circle one)*: Actively Employed | Retiree Plan | COBRA

Emergency Contacts:

Name: _____ Name: _____

Contact#: _____ Contact#: _____

Relationship to Patient: _____ Relationship to Patient: _____

Would you like your emergency contact person to be able to discuss your medical information and/or billing account?
Yes ◯ No ◯

Authorization and Assignment

I assign all medical and/or surgical benefits to which I am entitled, including private insurance and any other health plan to ACENT. This assignment will remain in effect until revoked in writing by me. A photocopy of this assignment is to be considered as valid as an original. I hereby authorize said assignee to release all information necessary to secure payment. **I understand that I am financially responsible for all charges incurred from medical treatment at ACENT, whether or not the services are paid by my insurance.** If, for any reason, it becomes necessary for ACENT to engage an attorney or collections agency to secure payment from me, I agree to pay all reasonable interest charges, attorney fees, and collection costs.

Signature: _____ Date: _____

FACES Skin Typing Matrix

Name:_____ Date:_____

Please answer the following questions by circling the number that best describes you in each category. Your skin care provider will total your score during the consultation.

My ethnic origin is closest to:	Very fair (Celtic and Scandinavian)	1 ☐
	Fair-skinned Caucasian with light hair and light eyes	2 ☐
	Pale-skinned Caucasian with dark hair and dark eyes	3 ☐
	Olive-skinned (Mediterranean, some Asian, some Hispanic)	4 ☐
	Dark-skinned (Middle Eastern, Hispanic, Asians, African)	5 ☐
	Very dark-skinned (African)	6 ☐
My eye color is:	Light blue	0 ☐
	Blue / Green	1 ☐
	Green / Gray / Golden	2 ☐
	Hazel / Lt. Brown	3 ☐
	Brown	4 ☐
My natural hair color at age 18 was:	Red	0 ☐
	Blonde	1 ☐
	Light Brown	2 ☐
	Dark Brown	3 ☐
	Black	4 ☐
The color of my skin that is not normally exposed to sun is:	Pink to reddish	0 ☐
	Very pale	1 ☐
	Pale with a beige tan	2 ☐
	Light brown	3 ☐
	Medium to dark brown	4 ☐
	Dark brown – black	5 ☐
If I go out into the sun for an hour or so without sunscreen and have not been in the sun for weeks, my skin will:	Burn, blister and peel	0 ☐
	Burn, then when burn resolves, little or no color change	1 ☐
	Burn, then turns to tan in a few days	2 ☐
	Get pink, but then turns to tan quickly	3 ☐
	Just tan	4 ☐
	Just gets darker	5 ☐
	My skin color is so dark I can't tell	6 ☐
When was the last time the area to be treated was exposed to natural sunlight, tanning booths or tanning cream?	Longer than one month	0 ☐
	Within the past month	1 ☐
	Within the past two weeks	2 ☐
	Within the past week	3 ☐

Total Score:_____

If score is:	**Skin type is:**
0 – 3	**I**
4 – 7	**II**
8 – 11	**III**
12 – 15	**IV**
16 – 19	**V**
20 – 24	**VI**

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