

International Center for Atresia Microtia Repair  
a CEI Medical Group entity

Today's Date \_\_\_\_\_

Patient Information 患者信息

Name 名义 \_\_\_\_\_ Date of Birth 出生日期 \_\_\_\_\_ Age 年龄 \_\_\_\_\_  
last name 姓 first name 名字

Address 地址 \_\_\_\_\_  
Street 街头 apt # 房间 city 城市 state 国 zip 邮政编码

Mailing Address \_\_\_\_\_  
邮寄地址 If different than above 如果不是上述不同

Home Phone 家庭电话(\_\_\_\_\_) Sex 性别: M 男 F 女 Status 门第: S 单身 M 已婚 D 离婚 W 孀

Additional Information for PATIENT or Guardian (Required) 病人或监护人附加信息 (必须填写)

Name of responsible person if other than patient or if patient is a minor  
相关负责人介绍, 如果不是患者或者有其他名称患者是未成年人 \_\_\_\_\_

Relationship to Patient 与患者的关系 \_\_\_\_\_ Date of Birth 出生日期 \_\_\_\_\_

Home Phone 家庭电话(\_\_\_\_\_) Work Phone 工作电话(\_\_\_\_\_) \_\_\_\_\_

Cell Phone 手机(\_\_\_\_\_) E-Mail 电子邮件 \_\_\_\_\_

Emergency Contact Information 紧急联络方式

Name of Person to Contact 人姓名联系电话 \_\_\_\_\_

Home Phone 家庭电话(\_\_\_\_\_) Relationship to Patient 与患者的关系 \_\_\_\_\_

Check here to authorize CEI / CSI / CFI / LTHF to disclose your private health information to this individual  
这里检查授权 CEI / CSI / CFI / LTHF 透露您的私人健康信息这个人

How Did You Hear About Us? 你是怎么知道我们的?

Reason for Consultation 原因咨询 \_\_\_\_\_

Referred By 推荐人 \_\_\_\_\_ Specialty 特产 \_\_\_\_\_

Address 邮寄地址 \_\_\_\_\_ Phone 工作电话(\_\_\_\_\_) \_\_\_\_\_

How did you hear about us? 你是怎么知道我们的? \_\_\_\_\_

Who is your Primary Care Physician? 谁是你的主治医生? \_\_\_\_\_

Address 邮寄地址 \_\_\_\_\_ Phone 工作电话(\_\_\_\_\_) \_\_\_\_\_

Other 其他

CEI / CSI / CFI / LTHF may leave voice mail messages containing my private health information on any of the phone numbers listed on this form  Yes 是的  No 没有

CEI / CSI / CFI / LTHF 可以留下语音邮件包含我的私人健康

任何对本表所列的电话号码的信息:

Language I would prefer reminder phone calls in \_\_\_\_\_  
语言, 我宁愿在提醒电话