

Dear Patient(s):

It is my honor to be your doctor. I will give you the best service with due diligence based on my training, experiences and skills. We work as a team to achieve common objectives. The care processes include discovery, analysis, planning, implementation, set priorities and contingency plans.

After establishing tentative diagnosis, to respect your rights, open two ways of communications, let patients actively participate in their own care, to avoid conflict of interests, informed consents will be presented to you. Informed consents consist of tentative diagnosis, purposes of the treatment, risk & consequences, feasible alternatives, and prognosis. Because of the dynamic nature of illness, constant monitoring and re-calibrations are necessary to obtain the best results for your care. You are encouraged to inform Dr. Lin of any changes of your conditions immediately.

Please do not leave the office unless our services are satisfactory to your standards. Ask questions if any doubt exists. Please remember the verbal follow up instructions. Please ask for the financial aspects so you can reasonably expect the expenditures. The super ordinate goal is your care.

What are your symptoms?

Nose & Sinus: Pain, bleeding, drainage, breathing difficulty, allergy, bad odor, dryness, snoring

Ear: Hearing loss, pain, bleeding, discharge, noise, dizziness

Throat: Pain, hoarseness, swallowing difficultly, breathing difficulty, bleeding

Head & Neck area: Pain, lump

Other:

Are you allergic to any medications? If so, what kind? _____

Are you taking any medications? If so, please list: _____

Do you smoke? (Yes) (No) If so, how long? _____ Do you drink (Yes) (No) If so, how long? _____

Family history of cancer or other problems:

Patient's name: _____ DOB: _____ Sex: (M) (F)

Address: _____ Status: (Single) (Married) (Other)

Phone: Home _____ Office _____ Cell _____ Fax _____

Insurance: (Self) (Spouse) (Child) Name: _____ Birth date: _____

Secondary insurance: (Yes) (No)

Patient signature: _____ **SSN:** _____ **Date:** _____