

PATIENT INFORMATION FORM

PLEASE PRINT:

PATIENT: _____ Home Phone: _____
E-mail: _____ Cell Phone: _____
Mailing Address: _____ Sex: Male or Female?
City/State/Zip: _____ Marital Status: S, M, W, D
Date of Birth: _____ Age: _____ Social Security #: _____
Referred by: _____ Family Physician: _____
Pharmacy: _____ Phone: _____
Employed by: _____ Work Phone: _____
Address: _____
City/State/Zip: _____

SPOUSE / PARENT Name: _____
or Address: _____

LEGAL GUARDIAN

Date of Birth: _____ Social Security #: _____
Employed by: _____ Phone: _____
Address: _____

IN CASE OF EMERGENCY, PLEASE PROVIDE A PERSON TO CONTACT OUTSIDE YOUR HOUSEHOLD

Name: _____ Phone: _____

INSURANCE INFORMATION: IF PATIENT IS NOT THE POLICYHOLDER, PLEASE SUPPLY THE NAME OF INSURED, DATE OF BIRTH, AND RELATIONSHIP TO PATIENT.

Medicare #: _____ AR Medicaid #: _____
Primary Insurance Company: _____
Policy #: _____ Group #: _____
Name of Insured: _____ Relationship: _____ DOB: _____
Supplemental Insurance Company: _____
Policy #: _____ Group #: _____
Name of Insured: _____ Relationship: _____ DOB: _____

WORKER'S COMPENSATION:

Name of Insurance Company: _____
Address: _____
Person to Contact: _____ Phone: _____
DATE OF INJURY: _____ Claim #: _____

ASSIGNMENT OF BENEFITS / MEDICAL RELEASE

I authorize payments of medical benefits to Regional Orthopaedic Health Care, d/b/a Knox Orthopaedics, and understand that I am responsible for the deductible, coinsurance, and non-covered services.

Signed: _____ Date: _____

I hereby authorize Regional Orthopaedic Health Care, d/b/a Knox Orthopaedics, to furnish medical information to my insurance to my insurance carriers, my family physician and/or referring physician concerning my illness and treatment. This information may be mailed, telephoned, or faxed.

Signed: _____ Date: _____

DEMOGRAPHIC INFORMATION

Knox Orthopaedics

PLEASE CIRCLE ONE

Patient's Race: Asian

Black or African American

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

White

Ethnicity: Hispanic or Latino

Not Hispanic or Latino

Preferred Language: English Japanese

French Portuguese

Italian Spanish