

PATIENT INFORMATION (please print & complete all areas)

Name _____ SSN _____ - _____ - _____
 (Last First MI)

Address _____ City _____ State _____ Zip _____

Home # (_____) _____ Work # (_____) _____ Cell# (_____) _____

* List only numbers we have your consent to call

Male Female DOB ____/____/____ Single Married Divorced Separated Widowed

Ethnicity African-American Asian Caucasian Hispanic Other

Employer _____ Occupation _____

Employer Address _____

Spouse's Name _____ Spouse's Soc.Sec.# _____ - _____ - _____

Spouse's Employer _____ Date of Birth ____/____/____

Referring Doctor's Name _____ Primary Doctor's Name _____

Emergency Contact _____ Phone # (_____) _____ Relationship _____

WORK RELATED OR PERSONAL INJURY

WORK COMP INJURY: Area of injury _____

Date of injury or onset of symptoms _____ Contact person at work _____

Employer at time of injury _____ Phone (_____) _____

Employer's address _____ City _____ State _____ Zip _____

Work Comp Insurance Carrier _____ Claim # _____

Claim Mailing Address _____ Phone (_____) _____

PERSONAL INJURY

Date of accident or personal injury _____ Where did injury occur? _____

If your case is being handled by an attorney, name of attorney _____

Address _____ Phone (_____) _____

ASSIGNMENT AND RELEASE

I certify that I (or my dependent) have insurance coverage with aforementioned insurance carrier(s) and assign directly to my doctor all insurance benefits, if any, otherwise payable to me for services rendered. ***I understand that I am financially responsible for all charges whether or not paid by my insurance and accept responsibility for any balance remaining after payment of such benefits.*** I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I further authorize the physician to release any information required in the course of my treatment as authorized according to HIPAA Privacy Rules.

Signature of Insured or Guardian

Relationship

Date