

# ORTHOPEDIC SURGERY SPECIALISTS, PLLC

TODAY's DATE: \_\_\_\_\_ INJURY DATE: \_\_\_\_\_ SURGERY DATE: \_\_\_\_\_

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PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

EMAIL: \_\_\_\_\_ (for appointment reminders)

PHONE: \_\_\_\_\_ CELL/HOME ALT PHONE: \_\_\_\_\_ CELL/HOME

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATION: \_\_\_\_\_

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RACE: American Indian / Alaska Native Asian Black/African American White

LANGUAGE: English French German Japanese Mandarin Russian Spanish

ETHNICITY: Hispanic Non-Hispanic

DOMINANT HAND: Left Right Both

EMPLOYMENT STATUS: Employed Unemployed Retired Disabled Student

EMPLOYER'S NAME & ADDRESS: \_\_\_\_\_

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OCCUPATION: \_\_\_\_\_

MARITAL STATUS: Married Single Divorced Widowed

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NAME OF GUARANTOR FOR ACCOUNT: \_\_\_\_\_

\_\_\_\_\_ Same as above (patient)

ADDRESS OF GUARANTOR: \_\_\_\_\_

\_\_\_\_\_ Same as above (patient)

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PRIMARY INSURANCE: \_\_\_\_\_

CONTRACT # \_\_\_\_\_ GROUP # \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_ SUBSCRIBER DOB: \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_

CONTRACT # \_\_\_\_\_ GROUP # \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_ SUBSCRIBER DOB: \_\_\_\_\_

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**PRIMARY CARE PHYSICIAN:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**REFERRING PHYSICIAN:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PHARMACY NAME:** \_\_\_\_\_  
**CITY OR CROSSROADS:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

Is this an auto injury?        YES    NO  
If Yes, date of accident or injury? \_\_\_\_\_ Claim# \_\_\_\_\_  
Insurance Company? \_\_\_\_\_ Adjuster Name: \_\_\_\_\_  
Adjuster Phone: \_\_\_\_\_ Adjuster Fax: \_\_\_\_\_

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Is this a Worker's Comp Injury?    YES    NO  
If Yes, date of accident or injury? \_\_\_\_\_ Claim# \_\_\_\_\_  
Insurance Company? \_\_\_\_\_ Adjuster Name: \_\_\_\_\_  
Adjuster Phone: \_\_\_\_\_ Adjuster Fax: \_\_\_\_\_

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Do you have a legal claim pending in relation to your injury?        YES    NO  
Attorney's Name: \_\_\_\_\_  
Attorney's Phone: \_\_\_\_\_ Attorney's Fax: \_\_\_\_\_