



PATIENT'S NAME (LAST, FIRST, MI) MARITAL STATUS	AGE	DATE OF BIRTH	SEX
ADDRESS	APT/BOX	CITY	STATE ZIP CODE
LANGUAGE _____		EMAIL _____	
SOCIAL SECURITY # (PATIENT) THROUGH A SCHOOL?	IF EMPLOYED INDICATE EMPLOYER	IF STUDENT INDICATE SCHOOL/COLLEGE	DO YOU HAVE INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO
By providing telephone numbers, you are authorizing Orthopedic and Sports Enhancement Center, LLC or its agent to contact you and/or designated person at the number(s) indicated. Messages may be left at the discretion of Orthopedic and Sports Enhancement Center, LLC. For further details regarding your privacy rights, please refer to our Privacy Policy.			

HOME PHONE ( ) ( ) ( )	CELL PHONE ( ) ( ) ( )	WORK PHONE ( ) ( ) ( )	
SPOUSE'S NAME	PHONE #1 ( ) ( ) ( )	PHONE #2 ( ) ( ) ( )	
NAME OF EMERGENCY CONTACT	PHONE #1 ( ) ( ) ( )	PHONE #2 ( ) ( ) ( )	
REFERRING PHYSICIAN (IF DIFFERENT THAN PRIMARY)	ADDRESS	PHONE ( ) ( ) ( )	
PRIMARY CARE PHYSICIAN	ADDRESS	PHONE ( ) ( ) ( )	

<b>IS TODAY'S VISIT DUE TO:</b>  WORK RELATED INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO AUTO ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>THIRD PARTY LIABILITY INFORMATION</b>  DATE OF INJURY _____ CLAIM # _____ RESPONSIBLE PARTY _____
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**THIRD PARTY LIABILITY CLAIMS MAILING ADDRESS**

**Insurance Information – Commercial, School, Athletic, Medicare, Medicaid (IPA)**

PRIMARY INSURANCE COMPANY BIRTH	NAME OF SUBSCRIBER	SUBSCRIBER'S DATE OF BIRTH
EMPLOYER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	PATIENT'S RELATIONSHIP TO SUBSCRIBER	<input type="checkbox"/> SELF <input type="checkbox"/>
SECONDARY INSURANCE COMPANY BIRTH	NAME OF SUBSCRIBER	SUBSCRIBER'S DATE OF BIRTH
EMPLOYER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	PATIENT'S RELATIONSHIP TO SUBSCRIBER	<input type="checkbox"/> SELF <input type="checkbox"/>

**Complete This Section If Patient Is A Minor**

FATHER'S NAME	ADDRESS – If different than minor	PHONE – If different than minor ( ) ( ) ( )
FATHER'S EMPLOYER	PHONE - If we are allowed to contact you at work	
MOTHER'S NAME	ADDRESS – If different than minor	PHONE – If different than minor ( ) ( ) ( )
MOTHER'S EMPLOYER	PHONE - If we are allowed to contact you at work ( ) ( ) ( )	