

Chief Complaint _____ Office Use Only DOI _____

PATIENT INFORMATION

Date _____ Referred by _____

Primary Care Physician _____ City _____ State _____

Last Name _____ First Name _____ Middle Name _____

Street _____ City _____

State _____ Zip _____ SSN _____ Marital Status _____

Phone: Home _____ Cell _____ Business _____

Email Address (please print legibly): _____

Age _____ Date of Birth (DOB) (mm/dd/yyyy) _____ Male Female

**PATIENT
INFO**

Employer's Name _____ Occupation _____

Spouse / Domestic Partner's Name _____ SSN _____

Employer's Name _____ Occupation _____

If patient is a minor:

Father's name _____ DOB _____ SSN _____

Mother's Name _____ DOB _____ SSN _____

Who accompanies you to appointments? _____

Who can we share medical information with? _____

**PERSON
RESPONSIBLE
FOR
PAYMENT**

Name _____ Relationship to Patient _____

Street _____

City _____ State _____ Zip _____

SSN _____ DOB _____ Employer _____

Phone: Home _____ Business _____ Cell _____

**EMERGENCY
CONTACT**

Name _____ Relationship _____

Phone _____

**ACCIDENT
OR INJURY
DETAILS**

Auto On The Job Other Date _____ Time _____ AM/PM

Details (what happened?) _____

Location of Accident _____

Signed _____ Date _____

If the condition for which you are seeing one of our doctors involves litigation, as may result from an automobile accident or fire, be advised that we do not wait for payment until the litigation is settled, but we will accept regular monthly payment on account.

**PRIMARY
INSURANCE
SECONDARY
INSURANCE**

Ins. Co. _____ I.D. No. _____ Policy or Group No. _____

Subscriber _____ SSN _____ Relationship _____ DOB _____

Ins. Co. _____ I.D. No. _____ Policy or Group No. _____

Subscriber _____ SSN _____ Relationship _____ DOB _____

I authorize release of information in my medical history to Medicare and/or my insurance companies and assign all benefits for unpaid services to Cascade Orthopaedic Group

Signed _____ Date _____

(A photostatic copy of this authorization shall be considered effective and valid as the original)