

PATIENT REGISTRATION

PATIENT'S NAME _____ SS# _____ AGE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PH# _____ BIRTHDATE _____ CELL PH# _____

PLEASE PRINT YOUR E-MAIL ADDRESS CLEARLY: _____

MARITAL STATUS _____ MALE /FEMALE _____ PARENTS NAME IS MINOR _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

EMPLOYMENT ADDRESS _____ PHONE _____

***EMERGENCY CONTACT** _____ PHONE _____

RELATIONSHIP TO YOU _____ ALTERNATIVE PH# _____

***DATE OF INJURY OR ONSET OF PROBLEM** _____

DATE OF SURGERY OR EMERGENCY ROOM VISIT _____

***REFERRED BY:** How did you happen to come to us for treatment? _____

***PROBLEM:** What is the orthopedic problem(s) or symptom(s) that you would like evaluated today?

(left, right) _____

Describe your injury or how the problem began _____

Prior Doctor seen _____ Phone# _____ Date _____

***X-RAY TAKEN WHERE & WHEN** _____

PRIMARY CARE PHYSICIAN _____

City/Zip _____ Phone# _____

Specialty (circle one) Internal Medicine, Family Practice, Pediatrics, OB-GYN, Other _____

****IF YOU ARE IN AN HMO YOU MUST HAVE A REFERRAL TO RECEIVE SERVICE****

METHOD OF PAYMENT:

_____ INSURANCE (not hmo/ppo) _____ PPO _____ HMO

_____ WORKER'S COMP. _____ MEDICARE _____ ATTORNEY

_____ MEDICAID _____ SELF-PAY _____ IME

SELF-PAY PATIENTS: Payment is due in full at time of service unless arrangements have been made

Are You Making A Work Comp? Claim? _____ **W/C CLAIM#** _____

MEDICAL GROUP: ENH _____ RNSPO _____ MEDICARE _____ NW SUB _____ OTHER _____

PRIMARY INSURANCE _____ Name of Insured _____

Insured's Birth Date ____/____/____ SS# _____ Policy/Group # _____

Insured's Employer _____

2NDARY INSURANCE: _____ Name of Insured _____

Insured's Birth Date ____/____/____ SS# _____ Policy/Group # _____

Insured's Employer _____

I agree to pay all costs and expenses, including reasonable attorney's fees, incurred or collect any unpaid balance.

ASSIGNMENT: I authorize and request payment of medical benefits to ILLINOIS ORTHOPEDIC AND SPORTSMEDICINE CENTERS for services.

SIGNATURE _____ **DATE** _____