



**PATIENT INFORMATION**

Is today's visit for?  Personal Injury  Sports Injury  Work Related Injury  Auto Accident  Other

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_ Language: \_\_\_\_\_

Who is responsible for the bill (Name): \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**PATIENT or GUARANTOR EMPLOYER INFORMATION**

Employment Status:  Employed  Unemployed  Retired  Disabled  Student  Other

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**INSURANCE INFORMATION**

**Primary Insurance** Insurance Name: \_\_\_\_\_ **Secondary Insurance** Insurance Name: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

Subscriber's Phone #: \_\_\_\_\_ Subscriber's Phone #: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Employer: \_\_\_\_\_ DOB: \_\_\_\_\_ Employer: \_\_\_\_\_ DOB: \_\_\_\_\_

Group #: \_\_\_\_\_ Member #: \_\_\_\_\_ Group #: \_\_\_\_\_ Member #: \_\_\_\_\_

**EMERGENCY CONTACT / HIPAA AUTHORIZATION**

In the event of any emergency, please contact the person listed below. If left blank, OrthoCincy will assume you do not want us to contact anyone in the event of an emergency.

Check the box next to the names of those who you wish to authorize to obtain your personal medical information. If left unchecked, OrthoCincy will assume you do not want us to release your medical information to anyone.

Name:	DOB:	Relationship:	Phone:	HIPAA?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This authorization and all related privileges shall expire upon my death.

To ensure confidentiality and privacy, any type of electronic recording or photography is strictly prohibited at any location within OrthoCincy offices.