



Date: _____

Legal Name: Last _____ First _____ Middle Initial _____

Age: _____ Date of Birth: _____ Soc Sec# _____ Sex: M/F Marital Status: M S D W

If Patient is a minor, name of parent present: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Ph#: _____ E-mail: _____

Occupation: _____ Employer: _____ Ph# _____

Spouse's Name: _____ Primary Language: English: _____ Other: _____

Emergency Contact _____ Phone #: _____ Relationship: _____
(not residing with you)

Other Family Members Seen Here: _____ Consultation Requested by: _____

Primary Care Doctor: _____ Consultation Requested by: _____

Insurance Information

Primary Insurance _____ Subscriber's Name _____ DOB: _____

Subscriber ID# _____ Group# _____ Co-Payment: \$ _____

Secondary Insurance: _____ Subscriber's Name _____ DOB: _____

Subscriber ID# _____ Group # _____ Co-Payment: \$ _____

Injury Information Circle One: Sport / Other Work Related Auto Accident

Sports/other injury: Date of injury/onset of symptoms _____ Part of body injured _____

Work related injury: Have you filed a claim? Yes / No Date of injury: _____

Claim Number: _____ Part of body injured: _____ (Circle one) right / left

Employer: _____ Contact: _____ Phone #: _____

Auto accident injury: ***** Ask Receptionist for Auto Accident Report*****

I hereby authorize Pacific Rim Orthopedic Surgeon LLC to release to my insurance company any medical information necessary to assist in the processing of my insurance claim. My signature also authorizes any insurance benefits to be paid on my behalf directly to the providers as Pacific Rim Orthopedic Surgeons LLC. I understand my insurance will be billed as a courtesy and any unpaid charges for myself my minor child will be my responsibility. I further understand that this clause shall not be amended orally. I agree to pay any interest or collection fees that may be related to this account.

Responsible Party Signature: _____ Date: _____