WEST MICHIGAN ORTHOPAEDICS

PATIENT REGISTRATION

1. GENERAL INFORMATION

Patient's full, legal name:_____

Patient's address:_____

City/State/Zip:_____

Home phone: _____ Work phone:_____

Cell/pager: _____ Gender: ❑ M ❑ F Marital status:_____

Date of birth:_____ Age:_____ Social security number:_____

Patient's employer/school:_____ Occupation:_____

Name of group medical insurance through patient's employer:_____

If married, spouse's name:_____ Spouse's date of birth:_____

Spouse's employer:_____ Spouse's social security number:_____

Name of group medical insurance through spouse's employer:_____

2. MEDICAL INFORMATION

Nature of problem or complaint:_____
(Please indicate if left or right side is affected.)

If you are being seen for an injury, please provide the following information:

Date(s) of injury: _____

Where did injury occur?_____

How did injury occur?_____

Emergency contact (not living with you):_____ Relationship:_____

Address:_____

City/State/Zip:_____ Phone: _____

Family physician/PCP:_____

Address:_____

City/State/Zip:_____ Phone: _____

If you do not want a report of your appointment(s) sent to your PCP, please check here. ❑

Your pharmacy name:_____ Phone: _____

Your pharmacy location:_____

How were you referred to our office?_____

If you do not want a report of your appointment(s) sent to your referring physician, please check here. ❑

Have you been seen in our office before? ❑ Y ❑ N If applicable, previous last name:_____

3. INSURANCE INFORMATION

Name of primary insurance:_____

Name of secondary or supplemental insurance:_____

If worker's compensation, automobile, liability, or homeowner's insurance is involved, please complete the following:

Insurance company:_____ Claim number:_____

Insurance representative:_____ Date of injury:_____

4. CERTIFICATION

I certify that the information provided above is correct to the best of my knowledge. I understand that a photocopy of this form may be disclosed to my insurance company.

Signature:_____ Date:_____
(Patient, Personal Representative, or Parent/Guardian if minor)