PATIENT REGISTRATION FORM

DOCTOR TO BE SEEN: ________________________________ TODAY'S DATE:________________________________

Patient Name					
LAST:		FIRST:			MI:
Previous Last Name	Social Security Number	Birthdate	Age	Sex (please circle)	
				Male	Female
Home Address		City	State	Zip Code	
Home Telephone	Work Telephone	Day / Cell Phone			
Employer (or Parent's Employer if Patient is a Minor)		Patient's Occupation			
Guarantor's Name and Relationship		Address and Phone Number (if different than above)			

Part of Body for Exam	Injury Date or Onset	Where did the injury occur? (please circle one)					
		Home	Auto	School	Work	Other	No Injury

How did the injury occur?	Claim Number (if applicable)

Emergency Contact (not in household)	Emergency Contact Phone	Emergency contact Date of Birth

Patient Email (may be used for customer based surveys or Proliance newsletters)	Primary Care Doctor

Referred to this Office By? (Please Circle and write in name if Physician, Patient, or Other)				
Physician: ____________________________	VMC ER	VMC Referral Service	Website	Insurance Company
Patient: ____________________________	Self	VMC Joint Center	Other:________________________	

Insurance Information / Please provide Insurance Card and Picture ID to Receptionist	
Name of Insurance Company:	
Subscriber's Name:	Subscriber's DOB:
Name of Insurance Company (secondary):	
Subscriber's Name:	Subscriber's DOB:

I authorize my insurance benefits to be paid directly to Proliance Surgeons, Inc. I am financially responsible for any balance due, including monthly service charges on patient balances over 45 days. I authorize the doctor or insurance company to release any information required on this claim.

By providing an email address above, I understand that a third party may be contacting me via email regarding my overall patient experience.

SIGNED: ____ DATE: ___________________

AUTHORIZATION FOR THE TREATMENT OF A MINOR:

I authorize Proliance Surgeons, Inc., Proliance Orthopedic Associates to treat the minor patient indicated above

SIGNED: ____ Relationship: ___________________