Midlands Prosthetic and Orthotics

New Patient Information Sheet

Instructions: Please answer each question completely: If not applicable, then write N/A in the space provided

Patient Name_____Date of Birth____/____/____

Address_____City_____State_____Zip_____

Email Address_____Social Security #_____

Home #_____Work #_____Cell #_____

Sex: Male____Female_____ Marital Status: M/W/D/S

Place of Employment_____

Employment Address_____

Emergency Contact_____
(not in household) **Name** **Address** **Phone**

Allergies_____

Insurance Company_____ID#_____Group #_____
Name of Insured_____DOB_____/_____/_____Relation_____
Insurance Company_____ID#_____Group#_____
Name of Insured_____DOB_____/_____/_____Relation_____

Who Referred you to us?_____
Name **Address** **Phone#**
Who is your primary doctor?_____
Name **Address** **Phone#**

If under 18 years old, please fill out
Parent/Guardian Name_____Home Phone #_____
Work#_____Relation to Patient_____

I acknowledge by my signature below that I will be responsible for payment of this account, regardless of insurance status or reimbursement. I hereby authorize direct payment of Midlands Prosthetic and Orthotics for services rendered by them. I understand that I am financially responsible for any balance not covered by my insurance.

Patient/Guardian Signature_____Date____/____/_____