



TODAY'S DATE ___ / ___ / ___

PATIENT INFORMATION					
LAST NAME		FIRST NAME		MI	
Date of Birth		Driver's License Number		Social Security #	
Gender (circle one) Male Female		Marital status (circle one) Single Partner Married Separated Divorced Widower			
Home Street Address			City	State	Zip Code
Home #	Work #	Cell #	Email		
Preferred Language (circle one) English Spanish Vietnamese or list other					
Preferred Pharmacy Information					
Pharmacy Name		Address		Phone #	
Chose clinic because/Referred to clinic by (please circle one) Physician Insurance Plan Hospital Yellow Pages Family Friend Close to home/work					
RESPONSIBLE PARTY/GUARANTOR INFORMATION					
<input type="checkbox"/> Check here if same as above					
Guarantor Name			Address		
Patient's relationship to Guarantor (circle one) Self Spouse Child Other					
Insurance Information					
Primary Insurance			ID Certification #		
Insurance Address					
Subscriber's Name		Birthdate / /	Policy/Group #	Specialty Copay \$	
Patient's relationship to policy holder (circle one) Self Spouse Child Other					
Secondary Insurance (if applicable)			ID Certification #		
Insurance Address					
Subscriber's Name		Birthdate / /	Policy/Group #	Specialty Copay \$	
Patient's relationship to policy holder (circle one) Self Spouse Child Other					
IN CASE OF EMERGENCY					
Name of local relative or friend		Relationship to Patient	Home #	Work/Cell #	
I hereby authorize payment directly to Westover Hills Orthopaedics for any surgical and/or medical benefits. If any, otherwise payable to me. I also authorize Westover Hills Orthopaedics to file all necessary papers for insurance and to release all copies of medical records requested by my insurance for determining benefits. I understand some records may include HIV/AIDS testing, substance abuse and/or mental health issues. I acknowledge full responsibility for the payment of such services and agree to pay my bill in full at TIME OF SERVICES unless other arrangements are made with the financial department.					
Patient/Guardian Signature			Date		