

**PINNACLE ORTHOPAEDICS & SPORTS MEDICINE SPECIALIST, L.L.C.**  
**PATIENT INFORMATION**

Today's Date \_\_\_\_\_

Account # \_\_\_\_\_

Patient's Name (Please Print)		Marital Status			Birthdate	Age	Sex	
		S	M	W			D	SEP
Street Address		City			State		Zip	
Home Phone #	Mobile Phone #	Social Security #			Employment Status		Are you a full time student	
					FT	PT	Ret	Not Emp
Employer		Employer's Address			Phone			
Spouse's Name or Parent/Guardian's name if Patient is Minor					Emergency Contact/Closest relative not living with you			
Address					Address			
Employer					Employer			
Employer's Address					Employer's Address			
Work #	Birthdate	Social Security #			Work #	Birthdate	Social Security #	

How were you referred to our practice?

- |   |   |                           |
|---|---|---------------------------|
| <input type="checkbox"/> Another Patient                    | <input type="checkbox"/> Hospital _____ | Referring Physician _____ |
| <input type="checkbox"/> Occupations Medicine               | <input type="checkbox"/> Attorney _____ | _____                     |
| <input type="checkbox"/> Yellow Pages, Newspaper, Magazines | <input type="checkbox"/> Other _____    | Phone: _____              |
| <input type="checkbox"/> Web Site                           |   |                           |

**INSURANCE INFORMATION**

**PRIMARY INSURANCE**

Name of Ins. Co. \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Policyholder Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Home \_\_\_\_\_ Work \_\_\_\_\_  
 Relationship to patient: self \_\_\_\_\_ spouse \_\_\_\_\_ parent \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

**SECONDARY INSURANCE**

Name of Ins. Co. \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Policyholder Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Home \_\_\_\_\_ Work \_\_\_\_\_  
 Relationship to patient: self \_\_\_\_\_ spouse \_\_\_\_\_ parent \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: Reviewer's Initials \_\_\_\_\_ Entered by \_\_\_\_\_ Date \_\_\_\_\_

- Dr. Payne  Dr. Glass  Dr. Diehl  Dr. DyB  Dr. Swayze  Dr. Day  Dr. Fleming  Dr. Brooks  Dr. Pesson  Dr. Duffield  Dr. Slutzky  Dr. Drake  Dr. Chebuhar  
 Dr. Crooms  Dr. Broome  Dr. Lee  Dr. Jaffe  Dr. Lamberson  Dr. Lin  Dr. Kuczanski  Dr. Malcolm  Dr. A Swayze  Dr. Schnars  Dr. Terrell