

I verify that I have viewed and was offered a copy of the following forms at Nelson Prosthetic and Orthotic Laboratory:

- 1) Notice of Privacy Practices for Nelson Prosthetic and Orthotic Laboratory
- 2) Medicare DMEPOS Supplier Standards
- 3) Patient Rights and Responsibilities

Patient Signature: _____ Date: _____

NELSON PROSTHETIC & ORTHOTIC LABORATORY

PATIENT INFORMATION SHEET

NAME: _____

DATE: ____/____/____

ADDRESS: _____

NEW PATIENT

EXISTING PATIENT

PHONE: _____

No Changes

Changes (please make corrections)

CELL #: _____

GENDER : Female

Male

SOCIAL SECURITY# _____

DATE OF BIRTH: ____/____/____

AGE: _____

Name of person to contact in case of emergency: _____ Phone # _____

Patient Email Address: _____

INSURANCE INFORMATION (Please fill out the appropriate areas and be sure to enter all insurance's)

Name of Insurance (i.e. IHA, Medicare...)	Subscriber Name	Subscriber DOB	Insurance Identification Number	Is this insurance Primary?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Financial Responsible Party Name: _____

Primary Family Physician: _____
(name) (address)

Primary Surgeon: _____
(name) (address)

How did you hear about Nelson Prosthetic & Orthotic Laboratory? Existing Patient _____

Doctor _____ Physical Therapist _____ Hospital _____

Phone Book Insurance Company Advertisement Web Site Other _____

Which of the following would best describe your referral circumstances?

I was given a choice of orthotic/prosthetic professionals from a list provided to me.

Nelson's was recommended to me by my health care provider.

I was not consulted; the prosthetic/orthotic professional just showed up at the facility where I was staying.

No one talked to me about an appropriate prosthetic/orthotic professional; I found Nelson's on my own.

Other (please explain): _____

Have you been to another prosthetic/orthotic provider before Nelson's? YES NO