



3210 Prosperity Church Road, Suite 101
Charlotte, NC 28269
Phone: (704)510-2204 Fax: (704)510-2218

Date: _____

PATIENT INFORMATION

Patient Name: _____ SSN#: _____

Patient Address: _____ DOB: _____

_____ Gender: Male Female

Phone Number: (H) _____ (Cell/Alt) _____

Email Address: _____ Marital Status: Single Married Divorced Widowed

Shoe Size: _____ Height: _____ Weight: _____ Occupation _____

Emergency Contact: _____ (Relationship) _____

Address: _____ Phone Number _____

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INSURANCE INFORMATION

Primary Carrier: _____ Policy#: _____

Claims Address: _____ Group#: _____

_____ Phone#: _____

Policy Holder: _____ Self Spouse Other

Policy Holder DOB: _____ Policy Holder SSN#: _____

Employer: _____ Phone#: _____

Secondary Carrier: _____ Policy#: _____

Claims Address: _____ Group#: _____

_____ Phone#: _____

Policy Holder: _____ Self Spouse Other

Policy Holder DOB: _____ Policy Holder SSN#: _____

Employer: _____ Phone#: _____



Richardson Prosthetics & Orthotics, LLC
3210 Prosperity Church Road, Suite 101
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Patient Medical History

Primary Care Physician: _____ Phone#: _____

Prescribing Physician: _____ Phone#: _____

Please describe chief complaint:

How long have you had this problem? _____

How has the problem been treated? (Check all that apply)

- | | |
|---------------------------|--------------------------------|
| No prior treatment | Orthotics or Insoles |
| Self treatment | Change in shoe gear |
| Antibiotic | Trimming or cutting of lesions |
| Over-the-counter Products | Surgery (Date) _____ |
| Anti-inflammatory | Treated by Dr. _____ |



Do you have any of the conditions listed below? (Check all that apply)

- | | | |
|----------------------|------------------|---------------------|
| Arthritis | Diabetes | Heart Disease |
| Back Problem | Numbness in feet | High Blood Pressure |
| Blood Clots | Seizures | Phlebitis |
| Cancer | Foot/leg cramp | Stroke |
| Circulatory Disorder | Gout | Other _____ |

Past illness/hospitalizations/surgical history(dates):

Any known allergies?

Do you have any artificial implants (screws, joints, pins, etc.)? Yes No



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List current medications (including over-the-counter drugs)

Family Medical History (Check all that apply)

- Diabetes
- Heart Disease
- Gout
- Cancer
- Bleeding Disorders
- Circulatory Problems
- Hypertension
- Stroke
- Other _____

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Is your visit today injury related? Yes No Date of Injury _____

Did the injury occur at work? Yes No

If so, has a worker's compensation report been made by your employer? Yes No

Case Manager / Adjuster: _____ Phone#: _____

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I hereby grant consent to Richardson Prosthetics & Orthotics, LLC and its staff to give medical treatment as requested by me. I also authorize Richardson Prosthetics & Orthotics, LLC and its staff to release any info acquired in the course of my examination and treatment to my insurance carrier and authorize payment directly to Richardson Prosthetics & Orthotics, LLC of all durable medical equipment, orthotics and prosthetic benefits if any otherwise payable by me for services. I understand that I am financially responsible for co-payments, and other charges not covered by any insurance.

Signature Relationship Date

The Notice of Privacy Practices is available in office for my viewing. With my consent, Richardson Prosthetics & Orthotics, LLC may use and disclose Protected Health Information (PHI) in order to carry out treatment, payment and health care operations.

I have received a copy of Patient Rights and Responsibilities and Medicare Supplier Standards.

Signature Relationship Date