

Pacific Medical Orthotics Prosthetics

Patient Name		Date of Birth	Social
Street Address		Male	Female
Mailing Address if different then above			
City, State, Zip		Weight	Height
Home Phone	Cell	Work	Other
Email Address:			
Name of Legal Representative if NOT the person named above			
Relationship to patient			Phone
Address if Different then patient			
City, State, Zip			
Emergency Contact Name			Phone
Relationship to patient			
Referring Physician		Primary Care Physician	
Are you Diabetic	Yes	No	Diabetic Physician Name
Date of last Diabetic Management Visit			
Primary Insurance	ID#	Group #	
Secondary Insurance	ID#	Group #	
Tertiary Insurance	ID#	Group #	
Workers Compensation	Yes	No	Motor Vehicle Accident Yes No
Name of Insurance		Date of Injury or accident	
Employers name		Adjustors Name	
Claim number		Phone number	
Have you received the same or similar supplies/equipment that you are seeing us for today?			Yes No
If yes, list equipment/supplies			
Who was it purchased from			Date
Was item Returned?	Yes	No	Why was item returned
Is Item being replaced?	Yes	No	If yes, Why
Do you currently use crutches, a walker, or wheelchair		Yes	No
If yes, list date of purchase, or if rented how many months		Purchased	Rented
Do you currently use or are in the process of obtaining a power wheelchair/power mobility device?			Yes No
If yes, what supplier, when purchased and what is the reason for use?			
Are you able to ambulate safely within your home			Yes No
What is the frequency of use?			
Was this Power Wheelchair or Power Mobility Device covered by Medicare?			Yes No
May we leave basic medical information and contact information on your voicemail?			Yes No
Signature of Responsible Party			Date
<p>This intake form is used to acquire basic information to provide products and services that will best meet your needs. I hereby attest that all information on this form is true and accurate to the best of my knowledge. I hereby give Pacific Medical, Inc, my express permission to contact me or my physician If further clarification or information is needed.</p> <p style="text-align: right;">Rev 3/17</p>			

PLEASE PROVIDE INSURANCE AND ID CARDS TO FRONT DESK TO MAKE A COPY