MERCIFUL O&P
FAMILY ORTHOTICS AND PROSTHETIC SERVICES

# *Patient Information:*

Patient name: _____ Goes by: _____

Age: _____ DOB: _____/_____/_____ Sex: _____ Marital status: _____

Address: _____

Phone: Cell _____- _____- _____ Home _____- _____- _____ Work _____- _____- _____

Email: _____ Height: _____ Weight: _____ Shoe Size: _____

# *Emergency Contact:*

Name: _____ Relationship to pt: _____

Address Same as pt. ◯ Or:_____

Phone: Cell _____- _____- _____ Home _____- _____- _____ Work _____- _____- _____

Email: _____ DOB: _____/_____/_____

**Are you Finacially Resposible for the patient NO** ◯ **YES** ◯ **if yes**: SSN: _____-_____-_____

# *Medical Information:*

**Referring Doctor:** _____ Phone#: _____

Primary Care: _____ Phone#: _____

Diabetic Doctor: _____ Phone#: _____

Therapist: _____ Phone#: _____ Group: _____

Therapist: _____ Phone#: _____ Group: _____

**Have you worn a brace or prosthesis before:** NO ◯ If yes, when was it delivered? ____/____/_____

Was it for the same side or body part? NO ◯ YES ◯ Who provided:_____

Are you needing a new brace to replace an old one? NO ◯ If yes, WHY? _____

What are your biggest challenges? _____

What do you want to happen as a result of today's visit? Goals? _____

_____

**I hereby authorize Merciful O&P and its licensed clinicians to evaluate, measure, and provide orthotic treatment as deemed appropriate for my condition.** I understand that this may include the fabrication, fitting, and adjustment of custom or prefabricated orthotic devices. I acknowledge that: I have the right to ask questions and receive information about my treatment, treatment will only proceed with my full understanding and voluntary consent and I may withdraw this consent at any time.

**Acknowledgement of Receipt:**

I certify that I have received a copy of Merciful O&P's Notice of Privacy Practices and Patients Bill of rights, Medicare Supplier Standards, Warranty Information, Mission Statement and Patient Responsibilities contained in the patient brochure.

_____ _____ _____

**Signature** **Relationship:** **Date:**