

O & P SERVICES INC.

PATIENT INFORMATION FORM

Client Name _____ Birthdate _____

Email address: _____

Address _____ Phone _____

City _____ State _____ ZIP _____ Phone _____

INFORMATION on PARENT and/or LEGAL GUARDIAN

Parent/Legal Guardian Name _____ Relationship _____

Address _____ Phone _____

Employer _____ Phone _____

Parent/Legal Guardian Name _____ Phone _____

Employer _____ Phone _____

INSURANCE INFORMATION

Primary Coverage _____ Name and ID # of Policy Holder _____

Secondary Coverage _____ Name and ID # of Policy Holder _____

MEDICAL HISTORY

Diagnosis (Problem) _____ Side Effected : Left Right Both

Sex: Male Female Height _____ Weight _____

Doctor Signing Prescription: _____ Referred By: _____

Doctor's Phone _____ Doctor's Fax _____

Please check the following categories that apply to client:

- | | |
|--|--|
| <input type="checkbox"/> Previous Orthotic/Prosthetic Care | <input type="checkbox"/> Date of Amputation(s) _____ |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Heart Problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Circulation Problems in Extremities |
| <input type="checkbox"/> Use of walker/crutches/cane | <input type="checkbox"/> Stroke |

Allergies: _____

Comments to help with your care _____

I hereby authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits to the party who accepts assignment. I authorize payment of medical benefits to O & P Services Inc. for services rendered. I understand that I am responsible for all charges not covered by my insurance.

I also acknowledge receipt of O & P Services Inc. privacy practices and understand the time frame for delivery of completed device from initial evaluation could be four to eight weeks depending on various factors, such as: home or office visits, obtaining insurance preauthorization, doctor's prescription and availability of specialized equipment or components.

Signature _____ Date _____