ADVANCED ORTHOPEDICS & SPORTS MEDICINE

SEP BADY, MD
NICOLE DALESSANDRO,DPM
THOMMAN KURUVILLA, DPM
EUGENE P. LIBBY, DO
X. NICK LIU, DO
MATTHEW HC OTTEN, DO
MICHAEL A. TRAINOR, DO
TIMOTHY J. TRAINOR, MD
RANDALL E. YEE, DO

PATIENT NAME:_____

DATE OF BIRTH:_____/_____/_____

E-MAIL:_____

WHO CAN WE THANK FOR REFERRING YOU TO OUR OFFICE? _____

_____

WHO IS YOUR PRIMARY CARE DOCTOR? _____

PRIMARY CARE DOCTOR PHONE #: _____

PHARMACY NAME: _____ CROSS STREETS: _____

FAX/PHONE: _____/_____

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FOR XRAY PURPOSES:

ARE YOU PREGNANT OR IS THERE A POSSIBILITY YOU MAY BE PREGNANT? ☐ YES ☐ NO

WHAT ARE WE SEEING YOU FOR TODAY?

PLEASE CIRCLE RIGHT OR LEFT FOR EACH BODY PART INVOLVED

1.) _____ RIGHT LEFT

2.) _____ RIGHT LEFT

3.) _____ RIGHT LEFT

4.) _____ RIGHT LEFT

WHAT DO YOU THINK CAUSED WHAT WE ARE SEEING YOU FOR TODAY? _____

_____

WHAT DATE DID THE PROBLEM START? _____

IF THIS IS AN INJURY, WHERE DID IT OCCUR? _____

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ON OCTOBER 3, 2011, THE CENTERS FOR MEDICARE AND MEDICAID IMPLEMENTED GUIDELINES FOR QUALIFIED PHYSICIANS TO FOLLOW. BECAUSE OF THIS REASON, THE FOLLOWING QUESTIONS MUST BE ANSWERED AND REPORTED TO AOSM REGARDING PATIENT DEMOGRAPHICS.

PLEASE CIRCLE ONE FOR EACH CATEGORY:

PRIMARY LANGUAGE:

ENGLISH

CANTONESE

GERMAN

HINDI

ITALIAN

JAPANESE

MANDARIN

PORTUGUESE

RUSSIAN

SPANISH

VIETNAMESE

FRENCH

OTHER

RACE:

AMERICAN INDIAN

ASIAN

BLACK OR AFRICAN AMERICAN

WHITE

ALASKAN NATIVE

PACIFIC ISLANDER

HISPANIC

MULTIRACIAL

NATIVE HAWAIIAN

PATIENT DECLINED

PROHIBITED

UKNOWN

OTHER

ETHNICITY:

HISPANIC OR LATINO

NOT HISPANIC OR LATINO

PATIENT DECLINED

PROHIBITED

UNKNOWN