

ORTHOPEDIC ASSOCIATES OF LAKE COUNTY PATIENT INFORMATION

Patient Name	Male_____ Female_____ Marital Status S M D W
Street Address	Birthdate _____ Age _____
City _____ State _____ Zip _____	SS# _____
Home Phone # _____	Employer _____
Cell # _____	Work Phone # _____

PARENT / GUARDIAN INFORMATION	FINANCIAL GUARANTOR
Name _____	Name _____
Address _____	Address _____
Birthdate _____ SS# _____	Birthdate _____ SS# _____
Phone # _____ Cell # _____	Phone # _____ Relationship _____
Relationship to Patient _____	Financially Responsible for Healthcare Yes No If No, Please list below _____

INSURANCE CARDHOLDER INFORMATION	SECONDARY CARDHOLDER INFORMATION
Name _____	Name _____
Birthdate _____	Birthdate _____
SS # _____	SS # _____
Employer _____	Employer _____
Relationship to Patient _____	Relationship to Patient _____

EMERGENCY CONTACT	RELEASE OF INFORMATION
Name _____	Authorized Person We May Release Information To _____
Phone # _____ Cell # _____	Name _____
Relationship _____	Phone # _____

ACKNOWLEDGMENT RECEIPT OF PRIVACY PRACTICES

I have received Orthopedic Associates of Lake County's Notice of Privacy Practices and understand that my protected health information may be used by the practice as described in the notice.

Signature <input checked="" type="checkbox"/>	Date _____
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CONSENT AND RELEASE OF INFORMATION

I, the undersigned, hereby consent to the administration of such medications, testing, and treatment for the above named patient as are considered necessary or advisable by the physician and health personnel. I hereby authorize the release of necessary information to authorized agencies, primary care physicians, employers, and/or insurance companies and further assign any and all applicable insurance benefits to Orthopedic Associates of Lake Co. and personally guarantee payment for services not covered by my insurance.

Signature Year 1 <input checked="" type="checkbox"/>	Date _____
Signature Year 2 _____	Date _____
Signature Year 3 _____	Date _____

PLEASE CHECK ONE

Dr. Frank J . Myers _____
 Dr. James H. Walker _____
 Dr. Jonathan J. Sharpe _____