

Jewett Orthopaedic Clinic Patient Registration Information

(Please complete or correct all missing or incomplete information)

PATIENT INFORMATION					
First Name	M.I.	Last Name	Date Of Birth	Age	
Street Address	Additional Address	City	State	Zip code	
SSN	Sex Marital Status:	Race: Ethnicity: Preferred Language:	Best Phone 2nd Phone#: Email:		
CURRENT EMPLOYER					
Employer			Work Phone Ext		
Employer's Street Address	City		State	Zip code	
GUARANTOR INFORMATION					
First Name	Last Name		Date Of Birth	Sex	
Street Address	Additional Address	City	State	Zip code	
SSN			Employer		
EMERGENCY CONTACT					
Name			Phone		
PRIMARY INSURANCE INFORMATION					
Insurance Name	Address		City	State	Zip code
ID/Certificate Number		Group ID/Number			
Policy Holder (Subscriber) Name	Relation To Patient	Subscriber Birth Date		Employer	
SECONDARY INSURANCE INFORMATION					
Insurance Name	Address		City	State	Zip code
ID/Certificate Number		Group ID/Number			
Policy Holder (Subscriber) Name	Relation To Patient	Subscriber Birth Date		Subscriber Sex	
ACCIDENT INFORMATION					
Employment ___Yes ___No	Employer if different than above		Address C, S	Zip	Injury Date
Auto _____Yes _____No	Address		City & State	Zip	Injury Date
Other Accident ___Yes ___No	Address		City & State	Zip	Injury Date
REFERRED TO THIS PRACTICE BY					
Primary Care Physician			Phone Number		

I hereby give lifetime authorization for payment of insurance benefits to be made directly to **Jewett Orthopaedic Clinic**, and any assisting physicians for services rendered. I authorize treatment of the above listed patient by a provider at Jewett Orthopaedic Clinic. I agree a photocopy of this agreement shall be valid as the original.

I understand that I will be seeing a Physician Assistant (PA) or Nurse Practitioner (ARNP) for my orthopaedic problem and that I have the choice of seeing a Physician instead at another time when an appointment is available. **Please initial if your appointment has been made with a PA or ARNP** _____

Date: _____

Signature: _____
