LA TORRE ORTHOPEDIC LABORATORY

PRACTICE OF ORTHOTICS-PROSTHETICS

- SINCE 1920 -

PERSONAL INFORMATION

Name: ____ Date of Birth: ______________________

(Last) (First) (M) SS# :______________________________

Sex: ○ M ○ F Marital Status: ○ Married ○ Single ○ Other

Address: ______________________________ City: ____________________ State: _____ Zip: _________

Phone #: ____________________ Work #: ____________________ Cell #: ____________________

Employer: ____ Height: __________ Weight: _________

Emergency Contact: ________________________ Relationship: ____________________ Phone: _____________

Are you a Diabetic: ○ YES ○ NO If Yes, name of treating physician: ______________________________

Are you a Veteran: ○ YES ○ NO If Yes, are you registered at a VA hosipital: ○ YES ○ NO

Have you been to another prosthetic/orthotic provider before La Torre? ○ YES ○ NO

If Yes, when did you last receive a prosthesis or orthosis? ____________________________________

RESPONSIBLE PARTY (if different than patient)

Name: ____ Date of Birth:______________________

Relationship to Patient: ______________________________________ SS# :______________________________

Address: ______________________________ City: ____________________ State: _____ Zip: _________

Phone #: ____________________ Work #: ____________________ Cell #: ____________________

REFERRAL INFORMATION

Prescribing MD: __________________________________ Telephone #______________________________

Primary Care Physician________________________________ Telephone #______________________________

How did you hear about La Torre Orthopedic Laboratory?

○ From an Existing Patient: __________________ ○ Doctor: __________________ ○ Physical Therapist: _______________

○ Internet ○ Our Website ○ Insurance Company ○ Yellow Pages ○ Other:_____________________________

Which of the following would best describe your referral circumstances?

○ La Torre was recommended to me by my health care provider.

○ I was given a choice of orthotic/prosthetic professionals from a list provided to me.

○ I was not consulted; the prosthetic/orthotic professional was referred by the facility where I was staying

○ No one talked to me about an appropriate prosthetic/orthotic professional. I found La Torre on my own

○ Other (please explain):____

INSURANCE INFORMATION

Primary Insurance: ________________________________ Identification #:______________________________

Secondary Insurance: ______________________________ Identification #:______________________________

WORKER'S COMPENSATION INFORMATION/NO FAULT INFORMATION

Insurance Carrier: __________________________________ Employer: ______________________________

Address: ________________________ City: ____________________ State: ____ Zip: __________________

Date of Injury: _________________ Case/Claim #: ________________________ Adjuster: ____________________

I certify that the information provied by me is true, accurate and complete.

________________________________ ________________________________

SIGNATURE OF PATIENT / GUARANTOR DATE