Gulf Coast Prosthetics, LLC.
27350 Blueberry Hill Suite 1
Conroe, TX 77385
Ph 281.292.2255 Fax 281. 292.2299

PATIENT INFORMATION FORM

PATIENT NAME: _____ **DOB:** _____

ADDRESS: _____ **SS#** _____

_____ **PH #** _____

EMERGENCY CONTACT: **RELATIONSHIP:** **PH:**

INSURANCE INFORMATION:

PRIMARY INSURANCE		
1.	**ID#**	**Effective:**
VERIFIED BY:		

BACKGROUND INFORMATION:

SIDE OF AMPUTATION?	**SEX:**		
LEVEL OF AMPUTATION?	**ETHNICITY**		
DO YOU CURRENTLY WEAR PROSTHESIS?	**PRIMARY LANGUAGE:**		
DATE OF AMPUTATION:	**HEIGHT:**	**WEIGHT:**	**SHOE SIZE:**

REFERRING PHYSICIAN:

NAME OF PHYSICIAN:	**PHONE**
ADDRESS	**FAX**
PECOS:	**NPI:**

NOTES:

FACILITY:	DIALYSIS SCHEDULE:
NURSE:	
PHONE:	
DIRECTOR:	
FAX:	ROOM#:

NOTICE OF PRIVACY PRCTICES, BENEFITS, MEDICAL INFORMATION RELEASE AUTHORIZATION, AND ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I have been given a copy of **Gulf Coast Prosthetics, LLC**. Notice of Privacy Practices and understand these rights. I also understand that it is my responsibility to notify the Privacy Officer in writing of any request to restrict the use or disclosure of my patient file. I request my insurance benefits, if any, be paid directly to Gulf Coast Prosthetics, LLC. I authorize the release of any information necessary to provide services or process claims. As the responsible party I understand that I am personally responsible for the entire amount of my claim and that insurance benefits may be limited or non-existent. I agree to notify Gulf Coast Prosthetics, LLC. Immediately of any change in insurance coverage or status. I agree to use Gulf Coast Prosthetics, LLC. as my prosthetic provider. I grant Gulf Coast Prosthetics, LLC the right to photograph me and use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I certify that all of the information above is correct and true to the best of my knowledge.

_____ _____

Patient's Signature (If not signed by patient, indicate relationship) **Today's Date**