NEW PATIENT FORM

PATIENT CONTACT INFORMATION

Patient Full Name:

Address:

Home Phone: Cell Phone:

Work Phone: May we call you at work? ☐ Yes ☐ No

Date of Birth: SS#

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

Parent/Guardian/Spouse: Phone:

Employer: Phone:

Referring Physician: Phone:

Who should we call for appointments? ☐ Self ☐ Other (print):

PATIENT HEALTH INFORMATION

Are you diabetic? ☐ Yes ☐ No *If yes, physician:* *Phone:*

Are you allergic to Latex? ☐ Yes ☐ No

Diagnosis:

Reason for Visit:

Height: Weight:

Have you had this type of brace before? ☐ Yes ☐ No *If yes, how many years ago?*

Kankakee
119 E Court Street
Kankakee, IL 60901
(815) 932-8564

Morris
111 W. Jackson St.
Morris, IL 60450
(815) 942-4000

Joliet
121 Springfield Ave
Joliet, IL 60435
(815) 741-9700

Watseka
200 N. Laird Lane
Watseka, IL 60970
(815) 432-7783

Orland Park
18016 S Wolf Rd
Orland Park, IL 60467
(708) 364-9700

Evergreen Park
3900 W. 95th Street
Evergreen Park, IL 60805
(866) 996-7832

www.optechop.com

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INSURANCE INFORMATION

Primary Insurance:	Policy / ID Number:
Phone:	Group Name / Number:
Name of Insured:	DOB:

Relationship to Patient: ☐ Self ☐ Spouse ☐ Child ☐ Parent / Guardian ☐ Other

If Medicare, are you or your spouse currently employed? ☐ Yes ☐ No

Secondary Insurance:	Policy / ID Number:
Phone:	Group Name / Number:
Name of Insured:	DOB:

Relationship to Patient: ☐ Self ☐ Spouse ☐ Child ☐ Parent / Guardian ☐ Other

If Medicare, are you or your spouse currently employed? ☐ Yes ☐ No

Third Insurance:	Policy / ID Number:
Phone:	Group Name / Number:
Name of Insured:	DOB:

Relationship to Patient: ☐ Self ☐ Spouse ☐ Child ☐ Parent / Guardian ☐ Other

If Medicare, are you or your spouse currently employed? ☐ Yes ☐ No

How do you intend to pay for your patient portion? ☐ Cash ☐ Check ☐ Credit Card ☐ Care Credit

Kankakee	**Morris**	**Joliet**	**Watseka**	**Orland Park**	**Evergreen Park**
119 E Court Street	111 W. Jackson St.	121 Springfield Ave	200 N. Laird Lane	18016 S Wolf Rd	3900 W. 95th Street
Kankakee, IL 60901	Morris, IL 60450	Joliet, IL 60435	Watseka, IL 60970	Orland Park, IL 60467	Evergreen Park, IL 60805
(815) 932-8564	(815) 942-4000	(815) 741-9700	(815) 432-7783	(708) 364-9700	(866) 996-7832

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COMPLETE THIS SECTION IF INJURY IS WORK RELATED:		
Date of Injury:		
Employer (when injured):		
Employer Phone:	Employer Contact:	
Work Comp Ins Company	Phone:	
Claim Number:	Adjustor:	Phone:

COMPLETE THIS SECTION IF INJURY IS THE RESULT OF AN AUTO ACCIDENT:		
Auto Insurance (when injured):		
Auto Insurance Phone:	Contact Person:	
Claim Number:	Adjustor:	Phone:

I certify that the information provided by me is true, accurate and complete to the best of my knowledge.

Patient Signature: Date:

Representative Signature: Relationship: Date:

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