



**TRI-STATE  
ORTHOPAEDICS**  
& Sports Medicine, Inc.

**Prior to Your Appointment: Checklist of Required Patient Information**

**Please have the following information readily available when you call to make your appointment:**

- Patient's Name
- Date of Birth
- Social Security Number
- Street Address, City, State, Zip Code
- Preferred Daytime Phone Number
- Secondary Phone Number
- Email address
- Referring Physician or Facility
- Primary Care Physician (PCP)
- Indicate how you would like to receive appointment reminders: home phone/mobile/text/email
  
- Responsible Party Information (i.e. parent or guardian if patient is under the age of 18):
  - Name of Responsible Party
  - Relationship to patient
  - Date of Birth of Responsible Party
  - Street Address, City, State, Zip Code (of responsible party)
  
- Personal Health Insurance information (provide even if Work Comp or Auto injury):
  - Policyholder's Name
  - Relationship to patient
  - Policyholder's Date of Birth
  - Insurance Company
  - Insurance ID#
  - Policy/Group #
  - Co-pay Amount for Specialist
  - Referral from Primary Care Physician (PCP) if required by your plan
  
- If Workers' Compensation Injury or Auto Accident:
  - Insurance Company Name
  - Insurance Company Address
  - Insurance Company Phone Number
  - Employer Name
  - Employer Address
  - Employer Phone Number
  - Date of Injury
  - Occupation
  - Claim # (if available)

**In addition to the above information, please be sure you have the following when you arrive at your scheduled appointment:**

- Driver's License (or other valid Photo ID)
- Insurance Card
- All radiology films or CD (related to injury)
- If you had prior treatment for this injury, please bring all medical records (physician, ER, urgent care, PT, chiropractor, etc.)
- For knee or hip appointments, please bring a pair of shorts that do not contain metal
- For shoulder appointments, please bring a tank top or sleeveless shirt
  
- Forms:
  - [Health History Form](#)
  
  - [HIPAA/ Privacy Notice](#)