



**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](#)