

## Information you will need to SCHEDULE your appointment:

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 or Auto Accident:
	✓ Insurance Company Name
	✓ Insurance Company Address
	✓ Insurance Company Phone Number
	✓ Employer Name
	✓ Employer Address
	✓ Employer Phone Number
	✓ Date or Injury
	✓ Occupation
	✓ Claim # (if available)

## <u>Information you will need to BRING to your appointment:</u>

Please be sure you have the following when you arrive at your scheduled appointment: ☐ Driver's License (or other valid Photo ID) ☐ Insurance Card(s) ☐ Current list of all medications you are taking (include prescription and over-the-counter meds such as aspirin, vitamins, dietary supplements, etc. along with the dosage and frequency they are taken) ☐ List of any medication allergies ☐ Pharmacy name and phone number ☐ All radiology films or CD of images (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 ☐ New patients: To protect your records, the receptionist will take your picture at check-in to add the photo to your electronic medical record account. You may print the "Health History" and "Notice of Privacy/HIPAA" forms and bring the completed forms to your scheduled office visit. Or you can print and scan/email the completed forms to registration@tristateortho.com in advance of your appointment day. You may also access your "e-Chart" via our secure patient portal, which will allow you to provide additional medical history information up to seven days prior to your office visit. After your visit, patients can also access office visit summaries. Please see the e-Chart link on the top of our home page.

## ☐ Forms:

- ✓ Health History Form
- ✓ HIPAA/Privacy Notice