

PATIENT INFORMATION SHEET

Patient Name: Patient Date of Birth:

Gender: Male Female Other Email Address

Employment: Full-Time Part -Time Unemployed Retired Disabled School

Marital Status: Child Single Married Other

Home Phone: Cell Phone:

Address: City: State: Zip:

Is Patient Diabetic?: Yes No

Diabetic Dr. Name: Phone # to Diabetic MD:

Height: ft. in. Weight: lbs

Ordering or Prescribing Physician:

Emergency Contact: E.C. Phone #:

Emergency Contact Relation: Spouse Parent Sibling Friend Grandparent Other

Employer:

Is today's visit related to an injury under a Workers Compensation claim? Yes No

DME type you are being seen for today: Left Right Bil Spine

Do you have a transferable disease or illness we need to be alerted about? Yes No

If Yes please list them:

(Amputees only): Reason for amputation:

Date of Amputation: State Amputated: Amp. side: Left Right Bil

Level of Amputation: Above Knee Below Knee Above Elbow Below Elbow Other

All of the above information is correct to the best of my knowledge. I understand that I am Financially responsible for services at time of delivery regardless of any insurance coverage I may have unless prior arrangements are made. I authorize Burton Prosthetics to release information concerning services rendered to me.

Signature

Date