

WELCOME TO THE CAYMAN ORTHOPAEDIC GROUP
PATIENT INFORMATION SHEET

Last Name: _____ Date of Birth: _____ D/M/Y

First Names: _____ Male/ Female

Next of Kin (if Child): _____

Street Address: _____

P.O. Box: _____ Grand Cayman/Cayman Brac/Little Cayman KY1 - _____

Email Address: _____

Telephone: (HOME) _____ (WORK) _____ (MOBILE) _____

Family Physician: _____

Referred by: _____

If Visiting - Overseas Address:

City: _____ State: _____

Zip: _____ Country: _____

EMPLOYER: _____

Address: _____

OCCUPATION: _____

Usual Sports Activities: _____

Was there an accident? No/Yes Was there a sudden onset? No/Yes **DATE OF ONSET OF PROBLEM** _____

What area of the body causes your problem? (Example: Knee, Elbow, etc.) _____

Are you experiencing: Pain? Swelling? Tenderness? Deformity? (Please circle)

Have you previously had surgery for this problem? Yes/No If so, when? _____

Have you any previous history of injury or disease of:

Back & Neck _____ Hips _____ Shoulder _____

Knees _____ Ankles & Feet _____ Hand & Wrists: _____

(Please Turn Over)

HISTORY OF PROBLEM:

MEDICAL HISTORY:

Are you in good health?

Past Surgical Procedures:

List drug allergies

List present medications

Insurance Company:

Certificate/ ID Number: _____ Employer's Name: _____

Group Policy Number: _____

Name of Insured: _____

Date of Birth of Insured: _____

Signature: _____ **Date:** _____

I certify that all the above information is correct and accept responsibility for all expense incurred for each consultation. I understand that as a courtesy, the Cayman Orthopaedic Group will bill my insurance company and that it is my responsibility to pay any deductible, co-payment or any balance not paid/covered by my insurance company at the time of service. I authorize insurance benefits to be paid directly to the Cayman Orthopaedic Group. I hereby authorize the Cayman Orthopaedic Group to release medical information, which may be necessary for pre-certification for medical necessity or benefits, to my insurance company or their respective agent.

ALL ACCOUNTS TO BE SETTLED AT TIME OF SERVICE