

CHAMPLAIN VALLEY ORTHOPEDICS, PC
ORTHOPEDIC SURGERY & SPORTS MEDICINE
(802) 388-3194

PATIENT INFORMATION

NAME _____
First Middle Last Nickname
HOME ADDRESS _____ CITY _____ STATE _____
ZIP _____
HOME PHONE _____ DATE OF BIRTH ____/____/____ M _____ F _____
PRIMARY CARE PHYSICIAN _____ SS# _____
DATE OF INJURY /ONSET _____

EMPLOYMENT INFORMATION

OCCUPATION _____ EMPLOYER (OR) PARENT'S EMPLOYER _____
WORK PHONE _____ WORK ADDRESS _____

IN CASE OF EMERGENCY

NOTIFY _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____

INSURANCE INFORMATION

PRIMARY INSURANCE _____ POLICY NO. _____
ADDRESS _____ GROUP NO. _____
NAME OF POLICY HOLDER * _____ RELATION TO PATIENT _____
EFFECTIVE DATE OF COVERAGE, IF KNOWN _____
* POLICY HOLDERS D.O.B. ____/____/____ SS # _____ EMPLOYER _____
HOME ADDRESS _____ STATE _____ ZIP _____ WORK ADDRESS _____
CO-PAY AMOUNT _____
SECONDARY INSURANCE _____ POLICY NO. _____
ADDRESS _____ GROUP NO. _____
NAME OF POLICY HOLDER _____ RELATION TO PATIENT _____
EFFECTIVE DATE OF COVERAGE, IF KNOWN _____
* POLICY HOLDERS D.O.B. ____/____/____ SS # _____ EMPLOYER _____
HOME ADDRESS _____ STATE _____ ZIP _____ WORK ADDRESS _____

WORKMAN'S COMPENSATION (OR) AUTO ACCIDENT INFORMATION ONLY

IS THIS INJURY WORK RELATED? YES _____ NO _____ AUTO ACCIDENT? YES _____ NO _____
WORKMAN'S COMP CLAIM NO. _____ INSURANCE COMPANY COVERING THIS ACCIDENT _____
INSURANCE CARRIER OF WORKMAN'S COMP CLAIM _____ ADDRESS _____ PHONE _____
PERSON TO CONTACT REGARDING THIS CLAIM _____ PERSON TO CONTACT REGARDING THIS CLAIM _____
PHONE NUMBER _____ PHONE NUMBER _____
HAS AN ATTORNEY BEEN RETAINED? YES _____ NO _____ NAME OF ATTORNEY _____
ATTORNEY'S ADDRESS _____ PHONE NO. _____

I HEREBY AUTHORIZE CHAMPLAIN VALLEY ORTHOPEDICS, PC TO RELEASE TO MY INSURANCE COMPANY ANY INFORMATION REQUESTED BY THEM AS WELL AS DIRECT PAYMENT OF INSURANCE BENEFITS TO CHAMPLAIN VALLEY ORTHOPEDICS , 1436 EXCHANGE STREET MIDDLEBURY, VERMONT 05753

SIGNATURE OF PATIENT _____

DATE _____

SIGNATURE OF PARENT (OR) GUARDIAN IF PATIENT IS A MINOR

Revised 6.13.06