

**FLORIDA SPORTSMEDICINE AND ORTHOPAEDICS, PA  
REGISTRATION FORM**

**Patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ I wish to be contacted by (circle one) email, text, home phone, cell phone.

Pharmacy: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Employer: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced

How did you hear about our office? Newspaper, Internet, Magazine, Friend \_\_\_\_\_ Doctor \_\_\_\_\_

**Insurance Information:**

Primary Ins Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Ins Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

**Race:** \_\_\_ White \_\_\_ American Indian \_\_\_ Asian \_\_\_ African American \_\_\_ Hawaiian

**Ethnicity:** \_\_\_ Hispanic \_\_\_ Non Hispanic **Language:** \_\_\_ English \_\_\_ Spanish \_\_\_ Other

Is this related to an accident? Yes No \_\_\_ Auto \_\_\_ Worker's Comp \_\_\_ Other

**Injury Date:** \_\_\_\_\_ **Body Area Involved:** \_\_\_\_\_

How did the accident happen? \_\_\_\_\_

Is an attorney involved: \_\_\_ Yes \_\_\_ No If yes – Attorney's Name: \_\_\_\_\_

Please list any family/friends that you authorize Florida Sportsmedicine and Orthopaedics to release your medical and insurance information to.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization and Release:**

I authorize the release of all medical information necessary to process this claim and is pertinent to my medical care. I authorize and request my insurance company to pay directly to Florida Sportsmedicine and Orthopaedics insurance benefits otherwise payable by me. I understand that my insurance carrier may pay less than the actual billed amount. I agree to be responsible for payment of all services rendered.