

AUGUSTA ORTHOPEDIC SURGERY, PLC

108 Mactanly Place

Staunton, Virginia 24401

Phone: 540-885-1281 Fax: 540-885-1282

Email: augustaortho@aol.com**GEORGE GODETTE, MD****LEE HEREFORD, MD****GREG HARDIGREE, MD****PATIENT INFORMATION - TODAY'S DATE: _____**

PLEASE NOTE THAT PATIENT INFORMATION IS SHARED ONLY FOR TREATMENT, PAYMENT OR OPERATION, ACCORDING TO HIPAA LEGISLATION.

PLEASE DO NOT LEAVE ANYTHING BLANK.**PATIENT NAME:** _____
(Last) (First) (Middle)**PATIENT SOCIAL SECURITY NUMBER:** _____**PATIENT DATE OF BIRTH:** _____ **AGE:** _____ **SEX :** _____ (M) _____ (F)**MARITAL STATUS** _____*(Please circle one) RACE: American Indian, Alaska Native, Asian, Black or African American, Or Caucasian (white)**Ethnicity: Hispanic, Latino, or NOT Hispanic or Latino**Language: _____***PATIENT HOME ADDRESS:** _____**CITY:** _____ **STATE** _____ **ZIP CODE:** _____**HOME PHONE #:** _____ **CELL PHONE #:** _____**PATIENT MAILING ADDRESS:** *(or same as above)* _____**DO YOU CURRENTLY RESIDE IN A SKILLED CARE FACILITY?** **RECEIVE HOSPICE CARE** **EMAIL ADDRESS:** _____ For patient portal access (email will not be shared)**PREFERRED CONTACT METHOD:** CELL PHONE HOME PHONE OKAY TO LEAVE MESSAGE EMAIL**EMERGENCY CONTACT:** _____ **RELATIONSHIP:** _____ **PHONE#:** _____**OCCUPATION:** _____ **WORK STATUS:** full time part time retired disability other**EMPLOYER:** _____ **WORK PHONE #:** _____**EMPLOYER'S ADDRESS:** _____**INSURANCE INFORMATION:** Please give your insurance card to the receptionist

PRIMARY CARRIER:	SECONDARY CARRIER:
POLICY HOLDER NAME:	POLICY HOLDER NAME:
SS#: _____ DOB: _____	SS#: _____ DOB: _____
PHONE #: _____	PHONE #: _____
RELATIONSHIP TO PATIENT:	RELATIONSHIP TO PATIENT:
EMPLOYER:	EMPLOYER:
EMPLOYER ADDRESS	EMPLOYER ADDRESS:

IF PATIENT IS A MINOR under age 18, PLEASE FILL OUT THIS SECTION:**FATHER'S NAME:** _____ **SS#:** _____ **DATE OF BIRTH:** _____**RESPONSIBLE PARTY?** YES NO**ADDRESS:** _____**MOTHER'S NAME:** _____ **SS#:** _____ **DATE OF BIRTH:** _____**RESPONSIBLE PARTY?** YES NO**ADDRESS:** _____

Patient external ID#: _____