

Time: _____ Date: _____ Pt. ID # _____
Revised 1/8/2014 ALTOONA **DUBOIS **STATE COLLEGE **HUNTINGDON

Patient Intake Information

Please complete all information

Patient Name: _____ Patient's DOB: _____
Parent/Guardian for child under 18 yr. of age: _____ Male: _____ Female: _____
Patient Address: _____
Social Security Number: _____
Home Phone: _____ Cell Phone: _____ E-mail Address: _____
Marital Status: _____ Spouse Name: _____
Emergency Contact: _____ Relation _____ Phone: _____
Patient's Employer: _____ Work Phone: _____

Prescribing Dr.: _____ Was patient seen by ordering physician to obtain this order: **Yes No**
Primary Care Physician: _____
Is Patient Diabetic? _____ Yes _____ No **Diabetic Dr.:** _____
Diabetic Dr. **MUST** be a MD or DO. Can not use P.A., CNP, etc...
Has patient seen Diabetic Dr within the last 6 months: **Yes No**
Height: _____ **Weight:** _____ **Shoe Size** _____
If accident, please check type: _____ Auto _____ Workers Comp _____ Other If other what type _____
Date of Accident: _____ Please have Ins. Info for Billing ready. All claims have to be verified by the office staff.

Primary or Accident Insurance: _____ **Policy/ID#:** _____
Address: _____ **Group #:** _____
City, State, Zip: _____ Phone: _____
Subscriber Name: _____ **Subscriber D/O/B:** _____
Subscriber Employer: _____ **Subscriber SS#:** _____

Secondary Insurance: _____ **Policy/ID#:** _____
Address: _____ **Group#:** _____
City, State, Zip: _____ Phone: _____
Subscriber Name: _____ **Subscriber D/O/B:** _____
Subscriber Employer: _____ **Subscriber SS#:** _____

If any other insurance(s) list on back or separate form. Please have card(s) ready for copying.

Photo ID _____
 Office notes requested _____

FOR OFFICE USE ONLY

Prescription: _____
Diagnosis: _____
Has the patient ever received the same or similar device as the current device prescribed? _____ yes _____ no
If yes: When _____ Where _____
Called in by: _____ Hospital/Facility: _____ Dept: _____ Room# _____
Date Scheduled: _____ Practitioner #/Name: **307 308 312 318 320 326 327**
Time of Appointment: _____ Order taken by: _____