

# The Orthopaedic and Joint Replacement Center

12121 Richmond Ave., Suite # 408  
Houston, TX 77082  
Phone (281) 293-8307 • Fax (281) 293-9984

## PATIENT INFORMATION

Legal Name			Date of Birth		Social Security Number		
Home Phone Number		Mobile Number			Work Phone Number		
Home Address			Apt #	City		State	Zip
Marital Status	Maiden Name		Race			Age	Sex
Employer		Employers Address			Phone Number		How Long?
Occupation			Do You Smoke?	How Long?		Religious Preference	

## SPOUSE OR PARENT INFORMATION

Legal Name		Relationship to Patient		Driver's License Number		Social Security Number	
Home Address			City		State	Zip	Phone Number
Employer		Employers Address					
Occupation		How Long?			Employer's Phone Number		

## INSURANCE INFORMATION

If patient is a minor covered by both parent's health insurance, please list information for both parties.

1)Health Insurance		Insured		Policy ID #		Group #	
Insurance Address					Phone Number		
2)Health Insurance		Insured		Policy ID #		Group #	
Insurance Address					Phone Number		

## INDUSTRIAL INSURANCE INFORMATION

Work-Related Injuries

Industrial Insurance Carrier			Date of Injury		Claim #	
Carrier's Address					Phone Number	

## PHYSICIAN REFERRAL RECORD

Name of Referring Physician		
Referring Physician's Address		Phone Number

## PERSON TO NOTIFY IN CASE OF EMERGENCY

1)Name	Address		Phone Number	Relationship
2)Name	Address		Phone Number	Relationship