

Date:



# CLIENT INFORMATION FORM

*Please print and complete all information in the space provided.*

## Client Information

First Name  MI  Last Name

Address

City  State  Zip Code

E-mail  SSN #

Home Phone  Cell Phone  Work Phone

Date of Birth  Gender  Male  Female

Parent/Guardian Name  Relationship to Client

How did you hear of us?

## Physician's Information

Referring Physician's Name

City  State

Primary Care Physician's Name

City  State

## Insurance Information *(Please present your insurance card(s) and photo ID to the receptionist.)*

Primary Insurance  Secondary Insurance

Tertiary Insurance

## Emergency Contact Information

Contact Name

Contact Number  Relationship



Date:

## **E-mail Authorization Request**

We are asking for your permission to communicate with you by email if you have email access at home or work. Using email instead of paper has many benefits for all of us. Email:

- makes communication between Next Step and our clients instantaneous.
- allows Next Step to communicate with multiple people (allowing fathers, mothers, guardians, physicians, and physical therapists) to stay informed.
- helps you keep organized, keeping track of appointments and financial responsibilities.

Occasionally, notices from Next Step will still have to be sent via U.S. Mail. However, if you have access, please authorize us to send you email instead of paper whenever possible.

I hereby authorize Next Step O & P to send me surveys, appointment reminders, and financial documents via email whenever possible. I understand that Next Step O & P **will not share my email address** with any other persons or agencies without my written consent. This authorization will remain in effect until I revoke it in writing.

Client/Parent Signature **X**

Date **X**

## **Policy on Collection and Use of Personal Information**

Next Step Orthotics & Prosthetics values and respects an individual's right to keep personal information private. Likewise, Next Step values the need to collect and use personal information which will enable Next Step to effectively deliver services to all those in need. "Personal information" is "Demographic information" and/or "Medical information" which identifies an individual with a minimal degree of effort. Demographic information includes name and date of birth. Medical information includes amputation levels, sites, and doctors involved. This information is collected to better develop or implement programs, products, or services. All information collected on individuals will be kept confidential and in a secure environment.