



- Does your insurance require a **REFERRAL**? ___Yes ___No

- ❖ **If yes**, did you obtain a referral? ___Yes ___No Authorization # _____

If your insurance requires a referral and you do not have one for this visit, you will be asked to sign an insurance waiver acknowledging you will pay for treatment if a referral is not obtained OR you can reschedule your appointment.

Please write the name of your **REFERRING PHYSICIAN** in the space below.

Please include their first and last name as well as their mailing address and phone number. This information is essential and must be complete.

- Have you been previously treated for this injury or onset of symptoms? ___Yes ___No

- ❖ **If Yes**, please list the name of the **TREATING PHYSICIAN(s)** in the space below.

Please include their first and last name as well as their mailing address, phone number, and dates of treatment.

- ❖ Types of care that you have received: Check all that apply.

Please also list the date of service, ordering physician name, and where the service was provided.

- Office Visit _____
- EMG Test _____
- CT _____
- Xrays _____
- MRI _____
- Surgery _____
- (Describe) _____

- Did you bring records from prior care? _____Yes _____No

Please note that if you have had surgery in the area in which treatment is being sought, and you do not have the corresponding medical records by your appointment, you may be asked to reschedule.

- ❖ Please write the name of your **PRIMARY CARE PHYSICIAN (PCP)** in the space below.

Please include their first and last name as well as their mailing address and phone number.

- How did you hear about Seattle Hand Surgery Group?

- See above referring physician
- Medical Provider other than above: Please name _____
- Friend, if a patient: Please provide name _____
- Preferred Provider List
- Seattle Magazine
- Swedish Medical Center
- Webpage: Please list: www. _____
- White Pages ___Seattle ___Greater Eastside
- Yellow Pages ___Bainbridge Island ___Greater Eastside ___Greater Snohomish
___Puyallup & Pierce ___South King ___Tacoma & Pierce

- When you look for addresses and phone numbers for medical providers where do you go first?

___Phone Book ___Web ___Friend ___Other