

# Spine & Sports Specialties

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For Office Use Only  
**Patient ID No.**

2012 S. Burnside Ave, Suite B • Gonzales, LA 70737-4637  
spinesports@eatel.net T (225) 647-1515 F (225) 647-5151

## Patient Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address (We will **NOT** give your e-mail address out to others.) \_\_\_\_\_

Sex  Male  Female Marital Status  Single  Married  Other

Employment Status  Employed  Student  Other If Student  Full Time  Part Time

Employer/School \_\_\_\_\_

Treating Physician \_\_\_\_\_ NPI# \_\_\_\_\_  
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How did you find us?  Physician  Family Member  Friend  Advertisement  Internet  Other

Please specify the name or source of referral \_\_\_\_\_

## Emergency Contact Information

Spouse/Next of Kin \_\_\_\_\_ Phone (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

## Insurance Information

Primary Insurance \_\_\_\_\_ Secondary \_\_\_\_\_

Ins. ID No. \_\_\_\_\_

Group No. \_\_\_\_\_

Co-Pay (per visit) \_\_\_\_\_

Insurance Policy Holder (If Not Patient) \_\_\_\_\_

Patient's relationship to Insured  Spouse  Child  Other If other, please explain \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

Policy Holder's SS# \_\_\_\_\_ Policy Holder's Date of Birth \_\_\_\_\_

**FOR OFFICE USE ONLY** CPT Codes **NOT** Covered by Insurance (highlighted): 97001 97002 97110 97112 97140 97530 97535