NORTH ALABAMA
BONE & JOINT
CLINIC, P.C.

Workers' Compensation Patient Intake Form

PLEASE INCLUDE ANY NOTES, HISTORY, DEMOGRAPHICS AND IMAGING REPORTS

PATIENT DEMOGRAPHICS

Patient's Legal Name: ____________________
Patient's Address: ____________________
Date of Birth: __________ Patient's Phone Number: __________
Gender: _____ Male _____ Female Email: __________
Employer: __________ Occupation: __________

PATIENT APPOINTMENT INFORMATION

Date of Contact: __________ Doctor Referral : _____ Yes _____ No
Referring Doctor: __________ Doctor's Phone: __________
Approved Injury/Body Part: __________ Date of Injury: __________
Requesting: _____ Eval Only _____ Eval + Treatment _____ 2nd Opinion Eval Only _____ 2nd Opinion Eval + Treat _____
Injection Approved: _____ Yes _____ No Call Patient to Schedule: _____ Yes _____ No

WORKERS' COMPENSATION COVERAGE INFORMATION

Workers' Compensation Carrier: __________ Auth/Claim #: __________
Adjuster's Name: __________ Adjuster's Phone: __________
Adjuster's Email: __________ Adjuster's Fax: __________
Case Manager's Name: __________ Case Manager's Phone: __________
Claim's Mailing Address: __________

PLEASE SELECT PREFERRED PHYSICIAN(S) BELOW AND FAX TO 256-246-3297

ORTHOPEDIC SURGEONS

- ○ First Available
- ○ Dr. A.E. Joiner
- ○ Dr. John Young
- ○ Dr. Jeff Goodman
- ○ Dr. Jeff Hovater
- ○ Dr. John Mann
- ○ Dr. Jonathan Wright
- ○ Dr. JT Murphy
- ○ Dr. Aaron Joiner

PM&R

- ○ Dr. Steve Howell