FOURROUX PROSTHETICS

*** PLEASE PROVIDE INSURANCE CARDS & DRIVER'S LICENSE / IDENTIFICATION CARD ***

Patient Intake

Patient Name:			Date:
Sex:	Birthdate:	Phone:	**SSN:**

☐ **I refuse to provide my social security number to Fourroux Prosthetics. I understand and acknowledge that if Fourroux Prosthetics is unable to verify insurance eligibility and/or properly file insurance claims, I will not be refunded any collected patient portion and no insurance claims will be refiled for retroactive coverage. Initials: _____**

Race: ❑ American Indian / Alaska Native ❑ Asian ❑ Black / African American ❑ Hispanic / Latino ❑ Native Hawaiian / Pacific Islander ❑ White ❑ Other: _____

Address:		
City:	State:	Zip Code:
Height:	Weight:	Email Address:
Spouse/Legal Guardian:		Phone:
Emergency Contact:		Phone:

Are you currently living in a skilled nursing facility? If yes, please list facility.

Are you currently receiving home health / hospice care? If yes, please list agency.

Are you currently receiving dialysis? If yes, please list day(s) of the week.

Surgeon:		Phone:
Primary Physician:		Phone:
Date of Injury:	Date of Amputation:	Hospital:
Workers' Compensation Agency (if applicable):		Claim Number:
Adjustor:		Phone:
Case Worker:		Phone:

Name of Insurance Policy Holder:	**Releationship to Insurance Policy Holder**	**Policy Holder Birthdate:**

Have you ever received this type of product within the last 5 years? If yes, please list provider.

Patient Care

Please indicate all that apply:

☐ Requires Aide / Caregiver - Appointments ☐ Oxygen Use
☐ Bathroom Assistance ☐ Diabetic
☐ Infectious Disease / Condition ☐ Incontinent ☐ Other: _____

Patient Etiology

Level of Amputation

☐ Right: Upper Extremity ☐ Right: Above Knee ☐ Left: Above Knee
☐ Left: Upper Extremity ☐ Right: Below Knee ☐ Left: Below Knee
☐ Left: Partial Foot ☐ Right: Partial Foot ☐ Other: _____

Please check the appropriate box for the primary reason for your amputation:

Trauma

☐ Automobile Crash ☐ Work Related Injury ☐ Frostbite
☐ Motorcycle Crash ☐ Fire / Burn ☐ Spider Bite
☐ Pedestrian Accident ☐ Machine / Farm Injury ☐ Other: _____

Disease

☐ Diabetes ☐ Non-healing Wound ☐ Blood Clot
☐ Gangrene ☐ PAD ☐ Cancer
☐ Congential Limb Deficiency ☐ Other: _____

How did you hear about Fourroux Prosthetics?

☐ Physician
☐ Friend
☐ Televison
☐ Internet
☐ Other: _____

Have you seen a Fourroux Prosthetics commercial?

☐ Yes ☐ No

Have you explored Fourroux Prosthetics' website?

☐ Yes ☐ No

Have you visited any of the Fourroux Prosthetics Social Media sites?

☐ Yes ☐ No