UNIVERSITY ORTHOPAEDICS

Thomas P. Branch, M.D. • Amanda L. Dempsey, M.D.
1014 Sycamore Drive, Suite B, Decatur, GA 30030
755 Mt Vernon Highway, Suite 305, Atlanta, GA 30328

**PLEASE NOTE THAT ALL ITEMS MARKED WITH * ARE REQUIRED**

*** Patient's Full Name:** _____

***Full Address:** _____

***Home Number:** _____ **Mobile:** _____

***Social Security Number:** _____ ***Patient's E-mail:** _____

***DOB:** _____ **Marital Status:** ☐Single ☐Married ☐Divorced ☐Widowed ***Gender:** ☐F ☐M

**Employer:** _____ **Employer Phone Number:** _____

***Person Name Scheduling Appt.:** _____ **Referred By:** _____

**Doctor:** ☐**Dr. Thomas Branch** ☐**Dr. Amanda Dempsey** ☐ **Physical Therapy**

***Type of Case:** ☐WC ☐MVA ☐Liability ***Appt Type:** ☐Attorney Lien ☐IME ☐WC NP ☐Medpay ☐Health Ins. Name: _____

***Injured Body Part Sides:** ☐**Right** ☐**Left** ☐**Bilateral** ***Injured Body Part:** ☐**Back** ☐**Shoulder** ☐**Hip** ☐**Knee** ☐**Ankle** ☐**Foot** ☐**Wrist/Hand** ☐ **Elbow** ☐ **Neck**

***Date of Injury:** _____

**Lien: Do not complete/Must be filled if Workers Comp.**
**(For patients that do not speak English they MUST bring an interpreter with them.**
**The appointment will be cancelled if they don't have one with them on the day of the appointment)**

**Insurance Carrier:** _____ **Claim/Case No:** _____
No 3rd Party
***Adjuster Name:** _____ ***Adjuster Number:** _____

***Adjuster Email:** _____ ***Adjuster Fax:** _____

***Claim Address:** _____

*Must be filled out by Attorney
***Patient's Attorney:** _____ ***Assistant/Paralegal:** _____

***Firm:** _____ ***Phone:** _____

**Address:** _____

***E-mail:** _____ ***Fax No:** _____

Declaration page is **required** if the patient is using anything other than lien.

**Notes:** _____

_____

**The following information needs to be attached with intake form. Appointment will not be made if items are missing.**

**** MVA: Police Report, Declaration Page, Insurance Card (if using health insurance) and/or lien.**

**If you have any questions please call 404-480-4209. FAX TO 404-480-4209 or Email to kfuentes1014@gmail.com**