



701 University Blvd. E. • Suite 702 • Tuscaloosa, Alabama 35401
Phone (205) 752-0441 • FAX (205) 752-2747

____ Bryan S. Givhan, M.D. ____ Rick L. McKenzie, M.D.

Account # _____

Name of Primary Care Physician _____

Name of Referring Physician _____

Name _____
Last First Middle

Reason for Visit _____ Date of Injury or Symptom _____

Accident ____ Yes ____ No Place of Accident _____

Date First Seen by our Doctor for this Problem _____

PATIENT INFORMATION

Address _____

City _____ State _____ Zip _____ Home Phone (____) _____ - _____

Employer _____ Work Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Sex ____ Race _____ Marital Status _____ Date of Birth _____

Social Security Number _____

Spouse or Nearest Relative's Name _____

Spouse's or Nearest Relative's Employer _____ Work Phone (____) _____ - _____

INSURANCE INFORMATION

Primary Insurance _____ Date of Birth _____

Name of Policyholder _____ Relationship _____

Policy or ID # _____ Group # _____

Secondary Insurance _____ Date of Birth _____

Name of Policyholder _____ Relationship _____

Policy or ID # _____ Group # _____

IF WORK RELATED — PLEASE COMPLETE WORKMEN'S COMPENSATION INFORMATION

Insurance Company _____ Phone (____) _____ - _____

Address _____ Fax (____) _____ - _____

Adjustor _____ Claim # _____

Authorized By _____ Date _____

Rehab Nurse _____ Phone (____) _____ - _____

Company _____ Fax (____) _____ - _____