

**BLUEGRASS BRACING, INC.**  
**PATIENT INFORMATION SHEET – GAME READY**

Revised 4/27/15

**PATIENT INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F  
Address: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
City State Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Description of Accident or Injury / Past Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

**INSURED OR PERSON RESPONSIBLE FOR BILL (RELATION TO PATIENT:  SPOUSE  PARENT  CHILD  OTHER)**

Name/Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
City State Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex  M  F  
Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**INSURANCE #1  Medicare  Medicaid  Commercial  Work-Comp  Auto  Date of Injury or Accident \_\_\_\_\_**

Carrier: \_\_\_\_\_ Carrier Phone: \_\_\_\_\_  
Carrier Address: \_\_\_\_\_ City State Zip: \_\_\_\_\_  
ID/Claim Number: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Group Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

**INSURANCE #2  Medicare  Medicaid  Commercial  Work-Comp  Auto  Date of Injury or Accident \_\_\_\_\_**

Carrier: \_\_\_\_\_ Carrier Phone: \_\_\_\_\_  
Carrier Address: \_\_\_\_\_ City State Zip: \_\_\_\_\_  
ID/Claim Number: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Group Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

**PHYSICIAN'S PRESCRIPTION**

Physician: \_\_\_\_\_ Hospital or Surgery Center: \_\_\_\_\_  
Surgery/Diagnosis: \_\_\_\_\_  
Game Ready Serial #: \_\_\_\_\_ Game Ready Wrap: \_\_\_\_\_ Rental Period: \_\_\_\_\_  
Approved Rental Period Extension 1: \_\_\_\_\_  
Approved Rental Period Extension 2: \_\_\_\_\_  
Approved Rental Period Extension 3: \_\_\_\_\_  
Approved Rental Period Extension 4: \_\_\_\_\_  
Practitioner Filling out Form: \_\_\_\_\_