

Alaska Orthopaedic Specialists, Inc.  
David A. McGuire MD  
(907)562-4142 FAX (907)563-8824

**PATIENT:** \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F Marital Status: S M W D  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Spouse or Parent:** \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Responsible Party:** \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Subscriber ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Subscriber ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Right To Privacy:** May we share your health information with your spouse or a designated party?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Referred By** (circle or fill in): Friend/Co-worker Relative Patient Hospital \_\_\_\_\_  
Health Care Provider \_\_\_\_\_ Other \_\_\_\_\_

**Accident/Injury Information:** Were you on the job? Y N Auto Accident? Y N What state? \_\_\_\_\_  
Date of Accident/Injury: \_\_\_\_\_ Is there an attorney? Y N Attorney Name: \_\_\_\_\_  
How did it happen? \_\_\_\_\_

I verify that the above information is true and correct and that I will keep AOS informed of any changes in the above.

**Signature** (responsible party): \_\_\_\_\_ Date: \_\_\_\_\_