



Specialty Clinics and Wound Care Intake

FLINT

Phone (810)342-5500 • Fax (810)342-5545
G3200 Beecher Road • Suite O2 • Flint, MI 48532

Date _____

Patient Name _____ DOB _____

Address _____ Phone _____

City, State, Zip _____ Phone _____

Race _____ Language _____ Social Security Number _____

Emergency Contact _____ Relationship _____ Phone _____

Durable power of attorney for health care: Yes No If yes, who? _____

Location of wound: _____ Duration _____

Is the wound a worker's compensation claim? Yes No

Is the wound the result of an auto accident? Yes No If yes, date of accident _____

Does the patient have an amputation? Yes No If yes, where? _____

Does the patient have diabetes? Yes No

	Primary Insurance	Secondary Insurance	Tertiary Insurance
Payer			
Policy Holder			
Policy #			
Group #			

PCP Name	Referring Name
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Fax	Fax

Please fill out all of the above areas completely

Internal Office Use Only	
Inquiry Date _____	Caller Name _____
Appt Date & Time: _____	Physician _____
<input type="checkbox"/> Established <input type="checkbox"/> New	MRN# _____ HPP PT# _____