

**SACRAMENTO KNEE
&
SPORTS MEDICINE**
MEDICAL CORPORATION

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DAVID B. COWARD, M.D.
*Arthroscopic & Reconstructive
Surgery of the Knee*

STEPHEN C. WEBER, M.D.
*Arthroscopic & Reconstructive
Surgery of the Knee & Shoulder*

MASOUD GHALAMBOR, M.D.
*Arthroscopic & Reconstructive
Surgery of the Foot & Ankle*

SOHEIL A. PAYVANDI, D.O.
*Arthroscopic & Reconstructive
Surgery of the Hand,
Elbow & Wrist*

JOHN P. MEEHAN, M.D.
*Arthroscopic & Reconstructive
Surgery of the Knee & Hip*

DAVID W. WANG, M.D.
*Arthroscopic & Reconstructive
Surgery of the Knee,
Shoulder & Elbow*

THOMAS C. CARMODY, P.A.-C

SONDRA HAMELIN
Administrator

PATIENT NAME: _____

PATIENT AGREEMENT & RELEASE

I hereby assign all medical benefits to which I am entitled to the physicians of Sacramento Knee & Sports Medicine Medical Corporation. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

I understand my medical insurance will be billed as a courtesy, and I am financially responsible for all charges not paid by my insurance. I understand that I am financially responsible for claims that are denied or delayed in processing by my insurance.

I agree that the charges shown on my statement are agreed to be correct unless protested by me in writing within thirty (30) days of the billing date. I understand that full payment is due upon receipt of billing statement unless credit arrangements are agreed upon in writing.

I hereby authorize Sacramento Knee & Sports Medicine Medical Corporation to release information that may be necessary to secure payment from my insurance.

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

IF PATIENT IS A MINOR,
RELATIONSHIP TO PATIENT: _____

NAME: _____ AGE: _____

Chief Complaint: _____

When did the problem start? _____

If you got injured, describe how? _____

What helps? _____

What makes it worse? _____

Trend: Getting Better Getting Worse No Change

What is your occupation? _____

How does your foot/ankle problem limit you?

For work _____

For leisure / sports _____

What type of shoes do you wear?

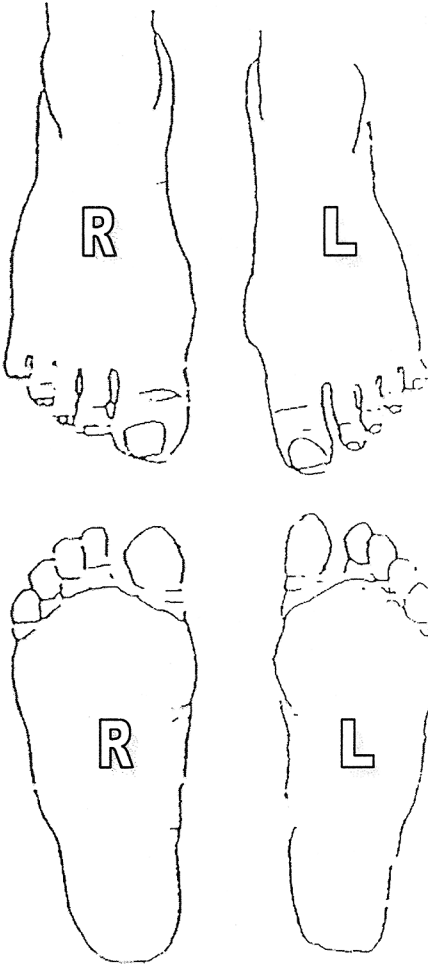
For work _____

For leisure / sports _____

List all non-surgical treatments (medication, orthotics, physical therapy, injections)

List any previous foot surgery. When and what type? _____

Foot Diagram
Shade in the area of your foot problem.
Number the area on a scale of 1-10, with 10 being the most painful.



Do not write in this area:
ROS / / _____

