LINCOLN SURGICAL ASSOCIATES, LTD

1414 Cross Street, Suite 330
Shiloh, IL 62269
618.277.7400 **Phone**
618.277.7422 **Fax**

Patient Demographics Sheet

Have you been treated by an LSA surgeon before?: ❑ Yes ❑ No If yes, contact office ASAP before appt.

CURRENT SURGEONS:
(Check all that apply.)

- ❑ Douglas B. Aach, MD, FACS
- ❑ T. Vinh Luong, MD, FACS
- ❑ Kevin T. Barnett, MD, FACS
- ❑ Michael A. Bergom, MD, FACS
- ❑ D. Scott Crouch, MD, FACS
- ❑ Bernard J. Szopa, MD, FACS
- ❑ Deirdre M. Hart, MD, FACS, FASCRS
- ❑ Paul E. Loethen, MD, FACS
- ❑ Matthew R. Smith, DO, FACS
- ❑ Lyman "Lance" Hale IV, MD, FACS
- ❑ Scott Schwiesow, MD, FACS
- ❑ Ulunna K. MacBean, MD, MS, FACS
- ❑ Michael Pulsipher, DO

PAST SURGEONS:
(Check all that apply.)

- ❑ James J. Clanahan, MD, FACS

Is this a work-related injury?: ❑ Yes ❑ No

PERSONAL INFORMATION:

Name: _____ (Last / First / Middle Initial) DOB: ___/___/___ (Month / Day / Year)

Address: _____ SSN: _____

_____ (City / State / Zip Code) Sex: ❑ Male ❑ Female

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Marital Status: ❑ Single ❑ Widowed ❑ Married ❑ Divorced

Preferred Phone (Please check one.)

❑ Home ❑ Work ❑ Mobile Email: _____

Employer: _____

Emergency Contact Name: _____ Emergency Contact Relationship to Patient: _____

Emergency Contact Phone: _____

Emergency Contact DOB: _____

Spouse, if different from emergency contact: _____

Spouse Phone: _____

Medical Doctor: _____ Referred By: _____

Do you see a specialist (cardiologist, pulmonologist)?: ❑ Yes ❑ No If yes, please list names in field below:

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Patient Name: _____ DOB: ___/___/___ Date: ___/___/___

Pharmacy Name: _____ Pharmacy Number: _____

INSURANCE INFORMATION:

Subscriber's Name: _____ Subscriber's DOB: ___/___/___

Subscriber's Relationship to Patient: _____

Race:

- ❑ Asian
- ❑ Native Hawaiian
- ❑ Other Pacific Islander
- ❑ Black/African-American
- ❑ White/Caucasian
- ❑ More than one race
- ❑ Unreported/refused to report

Ethnicity:

- ❑ Hispanic/Latino
- ❑ Non Hispanic/Latino
- ❑ Unreported/refused to report

Language:
(Check all that apply.)

- ❑ English
- ❑ Spanish
- ❑ French
- ❑ Other: _____

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ADDITIONAL NOTES: Write any notable information not included in the form.