



## Worker's Compensation Patient Intake Form

Please complete and email form upon completion to:  
 Erika White – [ewhite@chathamortho.com](mailto:ewhite@chathamortho.com)

**ADJUSTERS/NCM:**

**PLEASE COMPLETE THE SECTIONS BELOW AND RETURN TO THE EMAIL ABOVE FOR APPT SCHEDULING**

**Note: All referrals received from states other than Georgia, must be pre-approved by calling (912) 525-1313**

Which doctor are you requesting? (check one)

- Spencer Wheeler, M.D.    James Holtzclaw, M.D.  
 Mark Jenkins, D.O.    Dow Hoffman, M.D.    Greer Noonburg, M.D.  
 Ronald Levit, M.D.    J. T. Prather, M.D.    Dmitri Sofianos, M.D.    Evan Siegall, M.D.  
 Chetan Deshpande, M.D.    Gregory Spellman, M.D. (pain management)    Mims G. Ochsner, III, M.D.  
 Ted Samaddar, M.D.

Office Location:    Paulsen Street    Rincon    Richmond Hill    Pooler

Type of Appointment:    Eval & Treat    One Time Change    Eval ONLY    2<sup>nd</sup> Opinion  
 IME    Medical Record / Film Review ONLY    Other

**Initial Intake may be with NP/PA:  Yes  No**

Patient's Name:			
Patient's Address:			
Patient's Phone:			
Patient's DOB:			
Patient's Email Address:			
Patient's Social Security #:		Date of Patient's Injury:	
Type of Injury:			
Body Part(s) to be Examined:			
Employer's Name:			
Employer's Contact Name:		Employer Phone:	
Employer's Contact Email:		Employer Fax:	
W/C Carrier Name & Address:			
Adjuster:			
Phone #:		Fax #:	
Email Address:			
Case Manager:			
Phone #:		Fax #:	
Claim #:			
MRI: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Authorization to Evaluate and Treat: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorization to Dispense DME: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorization to Dispense In-House Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**\*Please submit injury related medical records, if applicable.  
 Thank You!**