



Bone and Joint Surgeons, Inc

100 Tracy Way Charleston, WV 25311

Phone: 304-343-4583 Fax: 304-343-9207

www.bonedoc.net

Self Referral Form

Date of Request: _____

Visit Type: New Patient New Complaint 2nd Opinion ER Follow-Up

Diagnosis or Description of Injury: _____

Date of Injury: _____ Chronic Unknown

How did you hear about Bone and Joint: Friend Relative TV/Radio Other

Previous Treating MDs: _____

Prior Treatments: Pain Meds Physical Therapy Reduced activity None

Prior Surgery: Yes / No Date(s): _____

Prior Imaging: : None X-Rays CT MRI Bone Scan

MD Requested

- | | | |
|--|---|---|
| <input type="checkbox"/> First Available | <input type="checkbox"/> Carrie M. Gosselink, DPM | <input type="checkbox"/> John P. Pierson, M.D. |
| <input type="checkbox"/> Clark D. Adkins, M.D. | <input type="checkbox"/> Paul S. Legg, M.D. | <input type="checkbox"/> William G. Sale, III, M.D. |
| <input type="checkbox"/> Jason A. Castle, M.D. | <input type="checkbox"/> Peter J. Lukowski, M.D. | |

Patient Information

Patient Name: _____ DOB _____ Age _____

Address: _____ SSN _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Primary Care MD: _____

Auto Accident: Yes / No Litigation Pending: Yes / No

Workplace Injury: Yes / No Work Comp Authorization: Yes / No

Insurance#1 _____ Insurance#2 _____

Please include copies of insurance cards and any pertinent clinic notes or imaging reports

Patients must bring digital or film copies of all x-rays, MRI, CT, bone scans, etc

Appointments will be made after complete record review by MD

Bone and Joint Surgeons Use Only

Appointment Date/Time: _____ Provider _____