

Personal Injury Patient Information for Kentucky Pain Associates

KPA Phone: 502-855-3907 KPA Fax: 502-561-3162 Hours: M-F, 9:00am – 12:30pm, 1:30pm – 5pm

Appointment Time: _____ Date: _____

Supervising Provider: _____

Facility Name Phone Number Provider First & Last Name

Patient Information: **Must bring Photo ID!** SS#: _____

Name: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Phone: _____ Date of Birth: _____ Date of Accident: _____

Sex: M or F Marital Status: _____ Single _____ Married

Accident Information: _____ **Date of Accident Causing Injury** _____

Injury is due to: _____ **If it was an auto accident, describe the vehicle type:**

_____ Auto Accident _____ Owned/Leased

_____ Work Related (Worker's Comp) _____ Rental Car

_____ Chronic Pain _____ TARC

_____ Slip and Fall _____ Taxi/Uber/Lyft

Insurance Information:

Ins. Co. Name: _____ Phone: _____

Claim#: _____

Attorney Information:

Attorney Name: _____ Phone: _____

Supervising Provider's Diagnosis (please fax applicable reports):

Diagnostic Studies/Results: _____

MRI Results: _____

X-ray Results: _____

DMX Analysis Results: _____

Other Studies/Results: _____

Supervising Provider's Plan of Care: _____

Other Providers involved: _____