KEVIN O'DONNELL, MD

Orthopaedic Surgery · Sports Medicine

475 Biltmore Way, Suite 101
Coral Gables, FL 33134
(305) 393-8810

New Patient Registration

Please complete every section. Bring this packet to your visit or upload it in advance.

PATIENT INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

SEX

☐ Male ☐ Female ☐ Other

MOBILE PHONE

STREET ADDRESS

EMAIL

CITY

STATE

ZIP

PREFERRED PHARMACY

PHARMACY PHONE / LOCATION

EMERGENCY CONTACT

NAME

RELATIONSHIP

PHONE

INSURANCE

INSURANCE CARRIER

MEMBER ID

GROUP #

POLICY HOLDER NAME

POLICY HOLDER DOB

RELATIONSHIP TO PATIENT

In-network: Oscar · Florida Blue · Medicare. For other plans we are out-of-network and handle billing directly — your out-of-pocket cost is unchanged.

KEVIN O'DONNELL, MD
Orthopaedic Surgery · Sports Medicine

475 Biltmore Way, Suite 101
Coral Gables, FL 33134
(305) 393-8810

Medical History

Tell us what's going on and your health background.

REASON FOR VISIT

WHAT BRINGS YOU IN TODAY? (SYMPTOMS, WHEN IT STARTED, HOW IT HAPPENED)

AFFECTED AREA / JOINT

DATE SYMPTOMS BEGAN

IS THIS RELATED TO ☐ Work injury ☐ Auto accident ☐ Sports ☐ Other / not sure

PAST MEDICAL HISTORY (CHECK ALL THAT APPLY)

- ☐ Diabetes
- ☐ High blood pressure
- ☐ Heart disease
- ☐ Asthma / COPD
- ☐ Blood clots (DVT/PE)
- ☐ Bleeding disorder
- ☐ Cancer
- ☐ Thyroid disease
- ☐ Kidney disease
- ☐ Anxiety / depression
- ☐ Arthritis
- ☐ None of these

MEDICATIONS, ALLERGIES & SURGERIES

CURRENT MEDICATIONS & DOSES (WRITE 'NONE' IF NONE)

DRUG ALLERGIES AND THE REACTION (WRITE 'NKDA' IF NONE)

PAST SURGERIES AND APPROXIMATE YEAR

KEVIN O'DONNELL, MD

Orthopaedic Surgery · Sports Medicine

475 Biltmore Way, Suite 101
Coral Gables, FL 33134
(305) 393-8810

Social History & Consent

A few last details, then your signature.

SOCIAL HISTORY

OCCUPATION

PRIMARY SPORT / ACTIVITY

HEIGHT

WEIGHT

TOBACCO

☐ Never ☐ Former ☐ Current

ALCOHOL

☐ None ☐ Occasional ☐ Regular

CONSENT & ACKNOWLEDGMENT

I certify that the information above is accurate to the best of my knowledge. I authorize Kevin O'Donnell, MD and his staff to provide the medical care and treatment I seek, and to release information required to process insurance claims and coordinate my care. I understand that I am financially responsible for charges not covered by my insurance. I acknowledge that I have been offered a copy of the Notice of Privacy Practices (HIPAA) and understand how my health information may be used and disclosed for treatment, payment, and healthcare operations.

PATIENT / GUARDIAN SIGNATURE

DATE

PRINT NAME

Prefer to send imaging ahead? Upload X-rays or MRI to mymedicalimages.com before your appointment.