Kansas City Sports Medicine
Sports Medicine & Arthroscopy
Lenexa, KS ● Olathe, KS ● Lansing, KS ● Kansas City, KS/MO
23351 Prairie Star Pkwy, Ste. A275 Lenexa, KS 66227
Ph: 913-351-3005 Fax: 913-351-3009

Patient Information

Please fill out this form as accurately as possible. The physician will use this information to determine how best to treat you.

Patient Name: ________________________________ Date of Birth: _____________ SS#________________________
Mailing Address: ____ City, State, Zip: _______________________________
Gender: M___ F ___ Current Age: _____ Referred by: _____________________ Family Doctor: _____________________
Home Phone: ______________________ Work: ______________________ x________ Cell: _____________________
E-Mail _________________________________ I allow Kansas City Sports Medicine to send documents to me via email. Y N
Emergency Contact: _________________________ Relation to patient: _________________Phone: __________________
**I allow Kansas City Sports Medicine to share my medical information with my emergency contact. Y N
Employer: __________________________ Employer City/State: _______________________ Job Title: _______________
Type of Employment: ___Sitting ___Standing ___Walk a lot ___Labor ___Lifting ___Climbing ___Squatting

Current Injury

What body part are you here for today? ________________ Was there an incident? _____ If yes, what date? ____________
If no, how long has it been bothering you? __________________ Have you had x-rays? __ MRI?__ Where? ______________

Insurance Information

Primary Ins Company: _______________ 2nd:_____________
(must provide copy of insurance cards)
Subscriber Name: (if not patient)______________________
DOB: _____________ Relation: _______________________
SS# if Ins uses for ID#: ______________________________

Work Comp Insurance: ______________________________
Claim #: __________________ Date of Injury: ___________
Case Manager: _______________ Phone: _______________
Employer at time of injury: __________________________

Medical History

If additional space is needed, please use the back of this form.

Do you have, or have you had, any of the following? Check all that apply.

☐ AIDS/HIV Positive	☐ Cancer	☐ Excessive Bleeding	☐ Hepatitis A, B, or C	☐ Psychiatric Care
☐ Allergy to Latex	☐ Claustrophobic	☐ Heart Attack/Failure	☐ Herpes	☐ Sickle Cell Disease
☐ Anemia	☐ Diabetes	☐ Heart Murmur	☐ High/Low Blood Pressure	☐ Spina Bifida
☐ Arthritis/Gout	☐ Drug Dependence	☐ Heart Pace Maker	☐ Irregular Heartbeat	☐ Stroke
☐ Artificial Heart Valve	☐ Emphysema	☐ Heart Trouble/Disease	☐ Lung Disease	☐ Swelling of Limbs
☐ Asthma	☐ Epilepsy or Seizures	☐ Hemophilia	☐ Mitral Valve Prolapse	☐ Tuberculosis

Do you currently have a pacemaker, aneurysm clip, or any metal in the body?______________________________________
____
Do you have, or ever had, any serious illness not listed above? ____
____

Current Medications: (If you have a list, we will copy that)

Medication	Dosage

Previous Surgeries:

Surgery	Year

Medication Allergies:

Medication	Reaction

Family History:

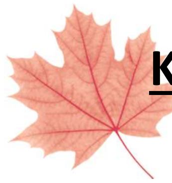
Condition	**Relation**	**Condition**	**Relation**
Heart Disease		Hypertension	
Diabetes		Cancer	

Social History:

Marital Status: __________ Number of Children ______ Do you use tobacco? Y N If yes, how much? ________________________
Do you drink alcoholic beverages? Y N If yes, how much? ___________________ Do you exercise regularly? Y N If yes, how much? ________________________ How would you describe your diet? Poor Average Well-Balanced

This information is true and accurate to the best of my knowledge.

Signed: ____ Date: ___________________
Parent or guardian sign if patient under the age of 18.



KANSAS CITY SPORTS MEDICINE
OFFICE POLICIES & PROCEDURES

Welcome to KCSM. Dr. Parmar has a special interest in arthroscopic surgery of the shoulder and knee, as well as hip, elbow, and ankle. We have locations all around the KC Metro area including Lenexa, Lansing, KCK, and KCMO. Please take a moment to read our policies and procedures so you may better understand how our practice operates.

You must bring insurance cards/work comp information. We do not obtain this from your doctor's office or employer. Thanks.

FINANCIAL POLICY

KCSM participates with most insurance companies however, it is the patient responsibility to contact your insurance provider to confirm we are in-network with your plan. We do not contact your insurance company prior to your visit.

- We will obtain precertification for procedures done by Dr. Parmar. If you are referred for an MRI, Physical Therapy, Pain Management, etc., those departments will obtain the precertification for their procedures.
- Our office will file a claim with your insurance company for services received. After your insurance company processes the claim, you will receive a statement from our office showing the **"Patient Responsibility"** amount. Your portion is due within 15 days of your statement. For large balances, you may contact our billing department to make payment arrangements.
- Individual coverage varies dramatically and **your coverage is an agreement between you and your insurance company. It remains your responsibility to verify that the care you receive is covered by your insurance.** This is separate from a precertification for procedures.
- KCSM is not responsible for the expense of treatment not paid by your insurance.
- We will not require you to present your insurance card after the first visit. If your insurance changes, you must let our office know and present all insurance cards at your next visit.

MEDICATION REFILLS

When you are needing a medication refill, please call your pharmacy. Your pharmacy will contact our office with all the information and we will respond to their request. Do not wait until you are out of medications as your request may not be authorized the same day. The doctor may require a visit with you before authorizing the refill. Our fax number for requests to be sent to is 913-351-3009. No refills after hours or weekends. Please note: Our office does not routinely order narcotic pain medication, nor do we treat chronic pain.

DIAGNOSTIC TESTING/RESULTS

Your test may require precertification with your insurance company. The imaging center will do this for you and it may take 2-3 days. Once your test is complete, please make sure you have an appointment made to see Dr. Parmar. He will go over your results and treatment options with you in the office.

MEDICAL RECORDS

If you need copies of your medical records, please email our office with detail of what you are requesting and we will send you a pdf file of your doctor's notes. If you need your notes sent to another doctor's office, you must also email a written request with the doctor's office information you want them sent to.

FMLA/DISABILITY/PHYSICIAN STATEMENTS

Dr. Parmar will write a note on his own form if he is taking you off work. If your employer or insurance requires their forms be completed, there is a $50 fee per set of forms, each time they are completed. Payment is due when you drop off the forms, then allow 7-10 days for completion. They cannot be filled out while you wait. Forms faxed or emailed will be on hold until payment is made.

CONTACTING OUR OFFICE

Our office runs out of a different location each day of the week and we do not have phone lines at each office. If you have a question for the medical staff, you must leave a message and we will return your call once we have answers to your questions. You must leave any questions, phone/fax numbers, email addresses and other information in your message, and only leave one message. 913-351-3005 is our only phone number. You can reach scheduling, medical, and billing from this number. You can also reach us at the email below. ***If you have call block on your phone, we will be unable to return your call. Our phone lines show as 'Private' or 'Restricted' on caller I.D.**

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