



## Stephanie S. Martin, M.D.

Atlanta: 3280 Howell Mill Rd NW, Ste 205 Atlanta, GA 30327 • Lawrenceville: 631 Professional DR, Ste 170, Lawrenceville, GA  
• Decatur: 1452 Church Street, Decatur, GA 30030

PLEASE NOTE THAT ALL ITEMS MARKED WITH \* ARE REQUIRED

\* Patient's Full Name: \_\_\_\_\_

\* Full Address: \_\_\_\_\_

\* Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

\* Social Security Number: \_\_\_\_\_ \* Patient's E-mail: \_\_\_\_\_

\* DOB: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widowed \* Gender:  F  M

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

\* Person Name Scheduling Appt.: \_\_\_\_\_ Referred By: \_\_\_\_\_

**If Patient is Minor:**

\* Parent Name: \_\_\_\_\_ \* DOB: \_\_\_\_\_ \* Social Security Number: \_\_\_\_\_

\* Type of Case:  WC  MVA  Liability \* Appt Type:  Attorney Lien  IME  WC NP  Medpay  Health Ins.  
 Funding Company: Name: \_\_\_\_\_

\* Injured Body Part Sides:  Right  Left  Bilateral \* Injured Body Part:  Back  Shoulder  Knee  
 Ankle  Foot  Wrist/Hand  Elbow  Neck

\* Date of Injury: \_\_\_\_\_

Lien: Do not complete/Must be filled if Workers Comp.

(For patients that do not speak English they MUST bring an interpreter with them.)

The appointment will be cancelled if they don't have one with them on the day of the appointment)

Insurance Carrier: \_\_\_\_\_ Claim/Case No: \_\_\_\_\_

No 3<sup>rd</sup> Party

\* Adjuster Name: \_\_\_\_\_ \* Adjuster Number: \_\_\_\_\_

\* Adjuster Email: \_\_\_\_\_ \* Adjuster Fax: \_\_\_\_\_

\* Claim Address: \_\_\_\_\_

\*Must be filled out by Attorney

\* Patient's Attorney: \_\_\_\_\_ \* Assistant/Paralegal: \_\_\_\_\_

\* Firm: \_\_\_\_\_ \* Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\* E-mail: \_\_\_\_\_ \* Fax No: \_\_\_\_\_

Declaration page is **required** if the patient is using anything other than lien.

Notes: \_\_\_\_\_

The following information needs to be attached with intake form. Appointment will not be made if items are missing.

\*\* MVA: Police Report, Declaration Page, Insurance Card (if using health insurance) and/or lien.

If you have any questions please call 404-973-2444 or Email to [Manager@performanceatl.com](mailto:Manager@performanceatl.com)