



## **Addendum to Initial Patient Intake Form: Cardiothoracic Surgery – Torrance Memorial**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
(Last) (First) (MI)

### **1. Miscellaneous Information**

Onset of Illness \_\_\_\_\_ (month/date/year)

Is this an accident-related visit?  Yes  No

Is this illness/injury due to a work-related accident or condition?  Yes  No Date of Injury: \_\_\_\_\_

Is this illness/injury due to a non-work-related accident?  Yes  No Date of Accident: \_\_\_\_\_

If pregnant, what is your due date? \_\_\_\_\_

Military Veteran  Yes  No

### **2. Medicare Beneficiaries Only**

Are you receiving black lung benefits?  Yes  No

Are the services to be paid for by a government research program?  Yes  No

Are you entitled to Medicare based on: Age  Yes  No Disability  Yes  No

End-stage renal disease  Yes  No

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If completed by someone other than patient:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_