Arizona Foot Specialists, LTD.

Patient Information

Date: _____

SS #: _____

Name:

_____
　　　　　　Last Name　　　　　　　　MI

_____
First Name

Address: _____

_____

City: _____

State: _____ Zip: _____

Sex (circle):　Male　　Female

Age: _____ DOB: _____

☐ Married ☐ Widowed ☐ Single ☐ Minor
☐ Divorced ☐ Partnered

Employer/School: _____

Employer Phone #: _____

Spouse's Name: _____

Spouse's DOB: _____ SS#: _____

Spouse's Employer: _____

Whom may we thank for referring you? _____

Insurance

Who is responsible for this account? _____

Relationship to patient? _____

Insurance Company: _____

ID #: _____ Group #: _____

Subscriber SS#: _____

Secondary Insurance Co.: _____

ID #: _____ Group #: _____

Subscriber SS#: _____

INSURANCE ASSIGNMENT AND RELEASE:

I certify that I have insurance coverage with _____
　　　　　　　　　　　　　　　　　　　Name of Ins. Co.
And assign directly to Dr. _____ all insurance
benefits, if any, otherwise payable to me for services rendered. I
understand that I am financially responsible for all charges
whether or not paid by insurance. I authorize the use of my
signature on all insurance submissions. I also hereby authorize the
release of any medical information necessary to process any
claims. Any account past due over 90 days will result in interest
fees of 1.5% per month or 18% annually.

There is a 50.00 NO SHOW fee, when an appt. is not cancelled.

_____
　Signature of Beneficiary, Guardian, or Personal Representative

_____
　Please print name of Beneficiary, Guardian, or Personal Representative

Phone Numbers

Home Phone: (____) _____

Cell Phone: (____) _____

Best place and time to reach you: _____

Primary Physician: _____

Phone: (____) _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Relationship: _____

Home Phone (____) _____

Work Phone (____) _____

Podiatric History

What is the chief complaint for which
you came to be treated? _____

_____

Have you ever been treated by a podiatrist before?　☐ Yes　☐ No

If yes, please list: Name: _____
Last visit: _____

Is there any personal, or family history of Diabetes?　☐ Yes　☐ No

Your Occupation? _____

Tobacco use: _____ Years using? _____

Athletic Activities? (please indicate frequency): _____

Please Indicate which foot problems you now have or have had in
the past:

Foot pain	☐ Yes	☐ No
Ankle pain	☐ Yes	☐ No
Athlete's Foot	☐ Yes	☐ No
Bunions	☐ Yes	☐ No
Calluses	☐ Yes	☐ No
Numbness	☐ Yes	☐ No
Heel Pain	☐ Yes	☐ No
Ingrown Nails	☐ Yes	☐ No
Plantar warts	☐ Yes	☐ No
Swelling	☐ Yes	☐ No
Gout	☐ Yes	☐ No
Injury	☐ Yes	☐ No

HEIGHT _____ WEIGHT _____

Shoe Size _____