

# WELCOME TO ANKLE & FOOT SPECIALISTS

<b>Patient's</b> Last Name (Below)      First      MI	<b>Spouse's</b> Last Name (Below)      First      MI (Or insured's information, if patient is a minor)
<b>Patient's</b> Address	<b>Spouse's</b> Address
City      State      Zip	City      State      Zip
<b>Patient's</b> Birth Date      Age      Sex	<b>Spouse's</b> Birth Date      Age      Sex
<b>Patient's</b> Phone #: (      ) <b>Patient's</b> Work #: (      )	<b>Spouse's</b> Phone #: (      ) <b>Spouse's</b> Work #: (      )
<b>Patient's</b> Social Security Number	<b>Spouse's</b> Social Security Number
Name & Address of <b>Patient's</b> Employer:	Name & Address of <b>Spouse's</b> Employer:
<b>Patient's</b> Occupation:	<b>Spouse's</b> Occupation:
Whom may we thank for referring you?	
Name, Address, and Phone of Contact in case of Emergency:      Relationship	
If Other Than Patient, Name & Address of Person Responsible	For This Account:
<b>Primary Insurance Information</b>	<b>Secondary Insurance Information</b>
Carrier Name:	Carrier Name:
Insured's Name:	Insured's Name:
Insured's I.D. Number:	Insured's I.D. Number:
Insured Policy, Group, or FECA Number:	Insured Policy, Group, or FECA Number:
Is This Through Your Employer?      Y      N	Is This Through Your Employer?      Y      N
Patient's Relationship to Insured? Self _____ Spouse _____ Child _____ Other _____	If Patient is a Minor, Name of School:

**Patient Status:**

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
 Employed \_\_\_\_\_ Full-Time Student \_\_\_\_\_ Part-Time Student \_\_\_\_\_