WELCOME TO ABILITY FOOT & ANKLE

ALL lines of this form MUST be completed. If it does not apply, simply write NA.

Patient Name_____ Social Security Number_____

Patient Address_____ City_____ State____ Zip_____

Date Of Birth_____ Age_____ Sex: Male Female Marital Status: M S W D

Home Phone _____ Cell Phone _____ Work _____

What number can we leave a message on_____

Name of Spouse/Guardian_____ Phone_____

Who would you like us to contact in case of an emergency_____

Relationship_____ Phone Number_____

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino _____Unknown _____Declined

Race: _____ Asian or Asian American _____Black or African American _____American Indian

_____ Caucasian/White _____Hawaiian/Pacific Is. _____ Other _____Unknown/Unreported

Primary Language: _____English _____Spanish _____Other

Name of Primary Care Physician _____ Phone_____

Did your Primary Care Physician refer you? Y N Referred for: ___2nd opinion ___ Surgical Evaluation ___ Consult

Name of Referring Physician _____ Referred for ___2nd opinion ___ Surgical Evaluation ___ Consult

Who may we thank for referring you to our office_____

Name of Employer/School_____ Phone_____

Status of Employment/School Full time Part-time Retired Other

Name of Pharmacy_____ Phone_____

Location of Pharmacy_____

PLEASE COMPLETE THE BACK OF THIS FORM

Primary Insurance Information

Name of Insurance_____ Member ID_____

Insurance Address_____ City_____ State_____ Zip_____

Name of Insured_____ Date of Birth_____ SS_____

Insured Phone_____ Relationship to Patient Self Spouse Parent Guardian

Name of Employer_____ Phone_____

Secondary Insurance Information

Name of Insurance_____ Member ID_____

Insurance Address_____ City_____ State_____ Zip_____

Name of Insured_____ Date of Birth_____ SS_____

Insured Phone_____ Relationship to Patient Self Spouse Parent Guardian

Name of Employer_____ Phone_____

Name of person responsible for this bill_____

Address_____ City_____ State_____ Zip_____

Print Name_____ Date_____

Patient or Guardian Signature_____

ALL INFORMATION IS KEPT PRIVATE AND CONFIDENTAL