



A FOOT CLOSER TO YOU

Name | Nombre: _____

Date Of Birth | Fecha de Nacimiento: _____

Address | Dirección: _____

City | Ciudad: _____ Apt _____ State | Estado: _____

Zip Code | Código postal: _____ Phone Number | Número: (_____) _____

Email Address | Correo electrónico: _____

Gender | Sexo: Male | Hombre Female | Mujer

Primary Care Doctor | Dr. Primario: _____

Primary Doctor Phone | Telefono del PCP: _____

Last Visit With Primary | última visita doctor primario: _____

EMERGENCY CONTACT | EN CASO DE EMERGENCIA

Name | Nombre: _____

Relation | Relación: _____

Phone Number | Teléfono Principal: (_____) _____

Pharmacy | Información de Pharmacia

Name | Nombre: _____

Phone Number | Teléfono Principal: (_____) _____

ASSIGNMENT OF BENEFITS

I certify that I am covered by the above listed medical insurance and I agree to assign all benefits, if any, otherwise payable to me directly to the provider of care for services rendered to me. I understand that I am financially responsible for all charges where or not pay by insurance

A HIPPA NOTICE OF PRIVACY PRACTICES is available upon request, and by signing here I acknowledge that I have received and /or reviewed it and consent to the use of my information for payment and treatment purposes.

Signature | Firma del paciente: _____

Date | Fecha: _____

Health Information | Information De Salud

Is there any personal or family history of diabetes? YES NO

¿Movo de la visita de hoy? SÍ NO

Reason for today's visit | Motivo de la visita de hoy

I certify that the above information is true and correct to the best of my knowledge. I give my permission to the doctor to administer and perform such procedures as may be deemed necessary in the diagnosis and/or treatment of my feet.

Certifico que la información anterior es verdadera y correcta a mi leal saber y entender. Doy mi permiso al médico para administrar y realizar los procedimientos que se consideren necesarios en el diagnóstico y/o tratamiento de mis pies.

Signature | Firma del paciente: _____

Date | Fecha: _____