

# PATIENT INFORMATION

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Marital Status: S M W D

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Spouse \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

## MEDICAL INSURANCE

Company Name \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Member ID # \_\_\_\_\_ Group # \_\_\_\_\_

Other Insurance (if any) \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

I hereby give permission to Steven A. Burns, D.P.M. and his associates or assistants, to administer treatment as may be deemed necessary in the diagnosis and treatment of my foot condition.

Assignment: I authorize the release of information necessary to process this claim and hereby assign my insurance benefits to be paid directly to Footcare Physicians of Scottsdale, PLLC.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### Medical History:

Diabetes	___NO___YES	Lung Disease	___NO___YES	Rheum. Arthritis	___NO___YES
Hypertension	___NO___YES	Liver Disease	___NO___YES	Osteoarthritis	___NO___YES
Heart Disease	___NO___YES	Hepatitis	___NO___YES	Fibromyalgia	___NO___YES
Gout	___NO___YES	Ulcers	___NO___YES	Infectious Disease	___NO___YES
				Bleeding Problem	___NO___YES

**Allergies:** \_\_\_None \_\_\_Aspirin \_\_\_Penicillin \_\_\_Sulfa \_\_\_Local anesthetic  
\_\_\_Cortisone \_\_\_Tape \_\_\_Iodine \_\_\_Other \_\_\_\_\_

**Tobacco:** \_\_\_No \_\_\_Yes PkPD\_\_\_ Alcohol: \_\_\_No \_\_\_Yes Amt. \_\_\_\_\_

**Prior Footcare:** \_\_\_No \_\_\_Yes Date: \_\_\_\_\_ Dr. \_\_\_\_\_

### Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Past Surgeries/Hospitalizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_