

**PUEBLO ANKLE AND FOOT CARE, PLLC
WELCOME TO OUR OFFICE**

PLEASE ANSWER ALL QUESTIONS AS THIS INFORMATION IS IMPORTANT FOR YOUR HEALTH AND OUR RECORDS

NAME _____ M__ F__ SINGLE__ MARRIED__ DIVORCED__ WIDOWED__
SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH _____ / _____ / _____ HEIGHT _____ ' " _____ WEIGHT _____ AGE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
EMAIL ADDRESS _____

PLEASE CIRCLE WHICH NUMBER IS BEST TO REACH YOU

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE NUMBER _____

INSURANCE INFORMATION

PRIMARY INSURANCE _____ ID NUMBER _____ GROUP NUMBER _____
SECONDARY INSURANCE _____ ID NUMBER _____ GROUP NUMBER _____
NAME OF INSURED _____ RELATIONSHIP _____
INSURED'S EMPLOYER _____ OCCUPATION _____ DATE OF BIRTH _____ / _____ / _____
SOCIAL SECURITY# _____ - _____ - _____

I the patient realize it is my responsibility to pay for any service rendered. A monthly billing charge will be added to all accounts over sixty days. I authorize Dr. Benjamin Marble to release and obtain medical information as required for my treatment and processing of my insurance claim. I request that payment of my insurance benefits be made on my behalf to PUEBLO ANKLE AND FOOT CARE PLLC. SIGNATURE OF RESPONSIBLE PARTY _____ DATE _____

PATIENT FAMILY PHYSICIAN _____ CITY _____ STATE _____

HOW DID YOU HEAR ABOUT OUR OFFICE? PHONE BOOK ___ DEX ___ FAMILY MEMBER ___ FRIEND ___

NAME OF PERSON WHO REFERRED YOU? _____

PODIATRIC INFORMATION

Are your foot problems related to an injury you received? _____. If yes, where did the injury occur: Home ____ Work ____
Other ____ Date of Injury ____ / ____ / ____ In your own words describe your foot problem or complaint: _____

How long have you had this condition/problem? _____. Have you ever had foot or leg surgery? _____ Arch supports _____

Foot/Ankle x-rays _____. Other foot treatment _____. Former Podiatrist _____

Shoe size _____