

WELCOME TO OUR OFFICE! Please print the following information. It is important for our records and your health. Thank you

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_  
MARITAL STATUS: SINGLE \_\_\_ MARRIED \_\_\_ WIDOWED \_\_\_ DIVORCED \_\_\_ WORK PHONE #s: \_\_\_\_\_

PATIENT INS. INFORMATION	OTHER INSURANCE INFORMATION
INS. CO. NAME	INS. CO. NAME
COMPANY PROVIDING INS./IF RETIRED, DATE	COMPANY PROVIDING INS./IF RETIRED, DATE
MAILING ADDRESS FOR CLAIMS	MAILING ADDRESS FOR CLAIMS
INSURED'S SS#	
INSURED'S NAME, DATE OF BIRTH,	INSURED'S NAME, DATE OF BIRTH,
NEXT OF KIN:	
PHONE #:	

Is there a deductible on your ins? yes \_\_\_\_\_ no \_\_\_\_\_ has it been met this year? \_\_\_\_\_

REFERRED TO OUR OFFICE BY: \_\_\_\_\_

YOUR FAMILY PHYSICIAN: \_\_\_\_\_

YOUR CHIEF (FOOT) COMPLAINT: \_\_\_\_\_

FORMER FOOT DOCTOR: \_\_\_\_\_ LAST VISIT: \_\_\_\_\_

GENERAL HEALTH \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

- 1) Are you in good (general) health? 1 \_\_\_\_\_
- 2) Are you now or have you been under a physicians care during the past two years? 2 \_\_\_\_\_
- 3) Are you subject to prolonged bleeding? 3 \_\_\_\_\_
- 4) Is there any personal or family history of diabetes? 4 \_\_\_\_\_
- 5) Have you ever had any side effects from Novocaine, Penicillin, or any other medication? 5 \_\_\_\_\_
- 6) Have you ever been treated for heart trouble, asthma, epilepsy, rheumatic fever, kidney or liver involvement? if yes, which one(s) 6 \_\_\_\_\_
- 7) Have you had any serious illnesses or operations? 7 \_\_\_\_\_
- 8) I hereby give my permission to Dr. Danny A. Kaplan to administer treatment; and to perform such minor operative procedures deemed necessary in the diagnosis and/or treatment of my foot condition.

DATE: \_\_\_\_\_ SIGNATURE\*\* \_\_\_\_\_

If you have a qualified medical insurance plan we will accept whatever your insurance company pays as payment in full (except where deductible applies or on prescriptions).

I understand that I am responsible for the deductible amount on my insurance policy.\*\*