

WELCOME

Atlantic Foot and Ankle Associates

James Rust, DPM Andrew Green, DPM Dennis McBroom, DPM

Sona Ramdath, DPM Laura Walton, DPM Hilaree Milliron, DPM Zachery Barnett, DPM
Daytona Beach, FL. Orange City, FL. Palm Coast, FL. Port Orange, FL. Edgewater, FL.

Patient Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Social Security# \_\_\_\_\_

Sex: M [ ] F [ ] Marital Status (circle one): Married Widowed Single Divorced Life Partner

Ethnicity (circle one) : American Indian Alaskan Native Asian White Hispanic Latino
Black or African American Other

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work# \_\_\_\_\_ Ext \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_

Employment Status: Full-Time [ ] Part-Time [ ] Not Employed [ ] Retired [ ]
Active Military Duty [ ] Self Employed [ ] Veteran [ ] Unknown [ ]

Language Preference: English [ ] Spanish [ ] Other \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone # \_\_\_\_\_ Work# \_\_\_\_\_

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

Referring Physician: \_\_\_\_\_ Hospice Patient [ ]

Contact Information

Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Emergency Contact [ ] Release of Information [ ]
Resides With [ ] Primary Contact [ ]

Insurance Information

Primary Insurance Company: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Relationship to Subscriber: Self [ ] Spouse [ ] Parent [ ]

Secondary Insurance Company: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Relationship to Subscriber: Self [ ] Spouse [ ] Parent [ ]

Please bring to your appointment your Drivers license and Insurance Card