

WELCOME

Atlantic Foot and Ankle Associates

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

Sona Ramdath, DPM Laura Walton, DPM Hilaree Milliron, DPM Daria McDonough, DPM

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Daytona Beach, FL. Orange City, FL. Palm Coast, FL. Port Orange, FL. Ormond Beach, 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

Emergency Contact

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