

BIRMINGHAM PODIATRY, P. C.

PATIENT BACKGROUND

Date _____

Patient's Name _____

Last

First

Middle Int

Husband/Wife

Address _____ City _____ State _____ Zip _____

Phone # _____ Age _____ Date of Birth _____ Sex _____

Patient's Occupation _____ Employer _____ Address _____ Phone # _____

Occupation of Spouse or parent _____ Employer _____ Address _____ Phone # _____

Social Security Number _____ Marital Status _____

Next of Kin/Address/Phone/Relation _____

Guardian's Name if Patient is a Minor _____

Guardian's Address if Different from Patient _____

NOTE: Insurance policies are contracts between the subscriber and the company. Our office can in no way alter the contract or guarantee payment. It is your responsibility to know your coverage.

INSURANCE I have _____ Medicare _____ Medicaid _____ Blue Cross _____ Private Insurance

Please tell us the main problem as well as others that brings you to our office: _____

Are you in _____ good health _____ fair health _____ poor health?

Height _____ Weight _____ Shoe Size _____

BY WHOM WERE YOU REFERRED? _____

_____ I am not allergic to anything that I am aware of

_____ I am allergic to:

_____ Novocaine, Carbocaine, Xylocaine _____ Aspirin _____ Demerol _____ Iodine _____ Tape

_____ Mercurials (Mercurochrome, Merthiolate) _____ Codeine _____ Penicillin _____ Other _____

Physician's Name and Address _____

Are now under the care of a doctor? _____ Yes _____ No

If yes, please state for what reason _____

What medications are you now taking _____

Please check the appropriate places if you now have or have had in the past the following:

- _____ Diabetes _____ Asthma _____ Anemia _____ Cancer _____ Tumors _____ Nervousness
- _____ Epilepsy _____ Glaucoma _____ Gout _____ Stroke _____ Liver Disease _____ Heart Trouble
- _____ Kidney or Bladder Trouble _____ High Blood Pressure _____ Stomach Ulcers
- _____ Rheumatism or arthritis _____ Bleeding Tendencies

I state that the above information is true to the best of my knowledge and I hereby give my permission to Birmingham Podiatry, P. C. to administer treatment and perform such minor operative procedures as may be deemed necessary in the diagnosis and/or treatment of my foot condition. I will be responsible for all charges incurred by me. Should collection proceedings become necessary, I agree to pay all costs of collection including a reasonable attorney's fee and waive all rights to claim personal property exempt under the laws of the State of Alabama.

Signature _____ Date _____

Thank you, this little extra effort on your part helps us help you !