Elite Podiatry, PLLC

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16841 N. 31st Avenue, #134 Phoenix, AZ 85053
1870 W. Frye Rd., #1 Chandler, AZ 85224
(480) 213-3011-office; (480) 816-4483-fax

Today's Date:_____

Name: Mr. / Mrs. / Ms._____
Last First MI

Street Address:_____
Street City State Zip

Home Phone:_____Work Phone:_____Cell:_____

Birthdate:_____**Age**:_____ Social Security #:_____ **Sex**:____Male____Female

Marital Staus: ____S____M____D____W
Ethnicity: __Hispanic __Non-Hispanic
Preferred Language:_____

Race: __ American Indian/Alaska Native __ Asian __ White
__ Black/African American __ Hispanic/Latino
__ Native Hawaiian/Pacific Islander __Patient Decline

Employer:_____ Occupation:_____

Emergency Contact: Name:_____ Phone:_____Relation:_____
(outside of home)
Family Doctor:_____ Phone:_____Address:_____

Referred by:_____

Insurance Info:

Do you plan to file Worker's Compensation? ____Y____N

Insurance Co. (**primary**):_____Policy/ID#:_____
Policy Holder:_____Group#_____
Birthdate:_____SSN:_____Employer:_____

Insurance Co. (**secondary**):_____Policy/ID#:_____
Policy Holder:_____Group#:_____

Medical History:

____**Diabetes** Type?_____ ____**Hypertension** Type?_____
____**Heart Disease** Type?_____ ____**Lung Disease** Type?_____ ____**Liver Disease** Type?_____
____**Infectious Disease** Type?_____ ____**Arthritis** Type?_____ ____**Hepatitis** Type?_____ ____**Gout**

ALLERGIES: ____None ____Aspirin ____Penicillin ____Sulfa ____Iodine ____Cortisone ____Tape ____Local Anesthetic
Other:_____

Tobacco: __No __Yes Type:_____ How long?_____

Shoe Size: _____ **Height**:_____**Weight**:_____

Current Medications:
1._____
2._____
3._____
4._____

Past Surgeries (past 10 years):
1._____
2._____
3._____
4._____