Elite Podiatry, PLLC

13838 S. 46th Place, #210 Phoenix, AZ 85044
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:_____ **Email**: _____

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

Referred by: ___**Google/Internet** ___ **Insurance** ___ **Family/Friend** ___ **Facebook** ____ **Doctor**: _____

Marital Status: ____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:_____

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: **PHARMACY & CROSS STREETS** :_____

____**Diabetes** Type? _____ ____**Hypertension** Type?_____ ____**Heart Disease** Type?_____ ____**Lung Disease** Type?_____ ____**Liver Disease** Type?_____

____**Infectious Disease** Type?_____ ____**Arthritis** Type?_____ ____**Hepatitis** Type?_____ ____**Gout** **Other**_____

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._____