Family Foot & Ankle Care of Jasper, PC

Personal Information:

Name and Address:_____

Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Social Security Number: _____ Age: _____

Sex: Female Male Marital Status: Single Married Widowed Divorced

Emergency Contact/Relationship: _____ Phone: _____

Preferred Pharmacy: _____

Primary Care Physician Name: _____ Location: _____

How were you referred to our office? _____

Employer: _____ Work Related Injury? Yes No

Height: _____ Weight: _____ Shoe Size: _____

Social: Do you use Tobacco products? **Yes No** Do you drink Alcoholic beverages? **Yes No**

Reason for visit today? _____ Are you in Pain? **Yes No**

Medical History:

List **ALL** Medical Allergies and Reaction: _____

_____

List **ALL** Medications: _____

_____

Have you had a LOWER EXTREMITY surgery (hip, knee, ankle, foot): **Yes No**

•If yes, please provide date and type of surgery: _____

Your Medical History and Family Medical History: (check all boxes that apply)

Condition	You	Family	If Yes, please list condition/family member:
Diabetes			
High Blood Pressure			
Arthritis			
Heart Trouble			
Kidney or Liver Problem(s)			
Asthma/Lung Problem(s)			
Stomach / Bowel			
Varicose Vein(s)			
Cancer			

Additional Medical Information:

_____

ASSIGNMENTS OF BENEFITS

I hereby assign all medical and/or surgical benefits to which I am entitled including Medicare, Private Insurance, and any other health plan to: Dr. Timothy Barry, Family Foot and Ankle Care of Jasper, PC. This assignment will be in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by Insurance. I hereby authorize said assigned to release all information necessary to secure the payment. I understand that all past due account are subject to collection proceedings. All cost incurred including, but not limited to, collection fees, attorney fees, and court fees shall be my responsibility in addition to the balance due to the office.

Signature: _____ Date: _____

Minor Signature of Responsible Party: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICIES/HIPPA COMPLIANCE

I acknowledge that I was provided a copy of the Notice of Privacy Practices / HIPPA Compliance and that I have read (or have had the opportunity to read if I chose) and understand the notice.

Signature: _____ Date: _____