INDY PODIATRY
we love your feet
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9240 N. Meridian St. #260
Indianapolis, IN 46260

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Fishers, IN 46038

Today's Date:_____

PATIENT INFORMATION

Patient Name: _____
(First) (Middle) (Last)

Name you prefer: _____

Patient SSN: _____ Date of Birth: _____ Age: _____ Gender: M F

Address: _____ City _____ State _____ Zip Code: _____

Home Phone _____ Cell Phone: _____

Work Phone: _____ Ext: _____ Fax: _____

Email: _____

PERSON RESPONSIBLE FOR BILL

Self_____ Spouse_____ Child_____ Parent_____ Other_____

Name: _____
(First) (Middle) (Last)

SSN: _____ Date of Birth: _____ Gender: _____

Address: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext: _____

INSURANCE

Primary Insurance _____ Policy #: _____ Grp. #: _____

Insured Persons Name: _____ Relationship to patient: ☐**Self** ☐**Spouse** ☐**Child**

Insured Persons DOB: _____

Secondary Insurance _____ Policy #: _____ Grp #: _____

Insured Persons Name: _____ Relationship to patient: ☐**Self** ☐**Spouse** ☐**Child**

Insured Persons DOB: _____

PLEASE COMPLETE ALL SECTIONS

ADDITIONAL PATIENT DATA

Marital: Single ☐ Married ☐ Divorced ☐ Widowed ☐
Separated ☐ Life Partner ☐ Legally Separated ☐ Unknown ☐

Student: Full-Time ☐ Part-Time ☐ Not In School ☐

Place Of Employment

Patient: Full-Time ☐ Part-Time ☐ None ☐

Spouse: Full-Time ☐ Part-Time ☐ None ☐

Hospice Patient: ☐

Primary Care Physician **Referral Source:**

Pharmacy Name: **Address:** **Ph.#:**

Ethnicity ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Preferred Language:

Race: ☐American Indian or Alaska Native ☐Native Hawaiian or Pacific Islander

☐Asian ☐Black or African American ☐Caucasian

Veteran: ☐ Yes ☐ No

EMERGENCY CONTACT

Name: (First) (Middle) (Last)

Relationship to Patient:

Mailing Address:

Home Phone: Cell Phone:

Work Phone: Ext: Fax:

Emergency Contact ☐ Release of Medical Records ☐ Primary Contact ☐
Legal Guardian ☐ Resides With ☐ Primary Caregiver ☐

Preferred Method of Contact for Appointment Reminder:

☐ **Phone** ☐ **E-mail** ☐ **Text (Cell phone carrier: AT&T, Sprint, T-Mobile, Verizon, Other:_____)**