



Phone: (317) 573-4250
Fax: (317) 573-4253
Web: www.indypodiatry.com

Locations:

9240 N. Meridian St. #260
Indianapolis, IN 46260

11530 Allisonville Rd. #100
Fishers, IN 46038

Today's date: _____

PATIENT INFORMATION

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

Name you prefer: _____

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

Address: _____ City: _____ State: _____ Zip: _____

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: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext: _____

INSURANCE

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

Policy Holder's Name: _____ Relationship to Patient: Self Spouse Child

Policy Holder's DOB: _____

Secondary Insurance _____ Policy #: _____ Grp. #: _____

Policy Holder's Name: _____ Relationship to Patient: Self Spouse Child

Policy Holder's DOB: _____



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PLEASE COMPLETE ALL SECTIONS

ADDITIONAL PATIENT DATA

Marital Status: 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:** _____

How Did You Hear About Us? Online (please specify) _____ Word of Mouth
 Doctor/PCP Event/Expo Social Media Friend/Family/Patient

Pharmacy Name: _____ **Address:** _____ **Phone:** _____

Ethnicity: Hispanic/Latino Not Hispanic/Latino **Preferred Language:** _____

Race: American Indian or Alaska Native Islander Native Hawaiian or Pacific Islander Asian
 Black or African American Caucasian **Veteran:** Yes No

EMERGENCY CONTACT

Name: _____

Relationship to Patient: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Emergency Contact Release of Medical Records Primary Contact

Legal Guardian Resides With Primary Caregiver

Preferred Method of Contact for Appointment Reminder: Phone Email Text (AT&T, Sprint, T-Mobile, Verizon, Other: _____)