

Patient Demographics

Advanas Foot & Ankle Specialists/Sturgis Surgi-Care

Patient Information

Name (First) _____ (Middle Initial) _____ (Last) _____

Birthdate _____ Marital Status: Single/Married/Divorced/Widowed Sex: Female/Male

Race: White/Black or African American/ Hispanic Ethnicity: Hispanic or Latino/Other Language: English/Spanish/Other

Social Security #: _____

Home Phone # _____ Cell Phone # _____

Email Address: _____

Occasionally we Mail, Email, or Text patients with special information, can we contact you in this manner? Yes/No

Responsible Party Please Fill Out The Information Below:

Employer _____ Occupation _____

Employer Address _____

City _____ State _____ Zip Code _____

Work Phone # _____

Full Name: _____ S.S. # _____

Date of Birth: _____

How did you hear about us? We would like to thank them!

Name: _____

Address: _____

City/State: _____

Zip: _____

Who is your Primary Care Physician?

Name: _____

Date of last visit? _____ Phone # _____

Physicians Address/Location _____

Pharmacy Name: _____ Location: _____

FOOT HEALTH INFORMATION

What is your current foot/ankle condition? _____

When did it begin? _____

Have you seen another doctor for this condition? _____

How have you treated this condition so far? _____

Whom? _____

Signature of Patient or Guardian: _____

Date: _____

OFFICE USE:

Entered By: _____ Date: _____