

## Patient Demographics

### *Advanas Foot & Ankle Specialists/Sturgis Surgi-Care*

<b>Patient Information:</b>		
<b>Name:</b> (First) _____	(Middle Initial) _____	(Last) _____
<b>Address:</b> _____	<b>City, State:</b> _____	<b>Zip Code:</b> _____
<b>Date of Birth:</b> _____	<b>Sex:</b> ( )Female ( )Male	<b>Marital Status:</b> ( )Single ( )Married ( )Divorced ( )Widowed
<b>Home Phone #:</b> _____	<b>Cell Phone #:</b> _____	
<b>Social Security #:</b> _____		
<b>Email Address:</b> _____		
<b>Race:</b> ( )White ( )Black/African American ( )Latino/Hispanic ( )Other		
<b>Ethnicity:</b> ( )Hispanic/Latino ( )Other <b>Preferred Language:</b> ( )English ( )Spanish ( )Other		
<b>Employer:</b> _____ <b>Occupation:</b> _____		
<b>Employer Address:</b> _____ <b>City, State:</b> _____ <b>Zip Code:</b> _____		
<b>Employer Phone #:</b> _____		

<b>Guarantor/Responsible Party:</b>		
<b>Full Name:</b> _____	<b>Date of Birth:</b> _____	<b>S.S. #:</b> _____
<b>Relationship to Patient:</b> ( )Self ( )Spouse ( )Parent ( )Guardian ( )Other		
<b>Employer:</b> _____ <b>Occupation:</b> _____		
<b>Employer Address:</b> _____ <b>City, State:</b> _____ <b>Zip Code:</b> _____		
<b>Employer Phone #:</b> _____		

<b>Who is your Primary Care Physician?</b>	
<b>Name:</b> _____	
<b>Physicians Address/Location:</b> _____	
<b>Date of last visit?</b> _____	<b>Phone #:</b> _____
<b>Preferred Pharmacy:</b> _____ <b>Location:</b> _____	

<b>Foot Health Information:</b>	
<b>What is your current foot/ankle condition?</b> _____	
<b>When did it begin?</b> _____	
<b>Have you seen another doctor for this condition?</b> _____ <b>Whom?</b> _____	
<b>How have you treated this condition so far?</b> _____	

<b>How did you hear about us? We would like to thank them!</b>		
<b>Name:</b> _____	<b>Phone #:</b> _____	
<b>Address:</b> _____	<b>City, State:</b> _____	<b>Zip Code:</b> _____

**Signature of Patient or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:** Entered By: \_\_\_\_\_ Date \_\_\_\_\_

