

Patient Demographics

Advanas Foot & Ankle Specialists/Sturgis Surgi-Care

Patient Information:

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

Address: _____ **City, State:** _____ **Zip Code:** _____

Date of Birth: _____ **Sex:** ()Female ()Male **Marital Status:** ()Single ()Married ()Divorced ()Widowed

Home Phone #: _____ **Cell Phone #:** _____

Social Security #: _____

Email Address: _____

Race: ()White ()Black/African American ()Latino/Hispanic ()Other

Ethnicity: ()Hispanic/Latino ()Other **Preferred Language:** ()English ()Spanish ()Other

Employer: _____ **Occupation:** _____

Employer Address: _____ **City, State:** _____ **Zip Code:** _____

Employer Phone #: _____

Guarantor/Responsible Party:

Full Name: _____ **Date of Birth:** _____ **S.S. #:** _____

Relationship to Patient: ()Self ()Spouse ()Parent ()Guardian ()Other

Employer: _____ **Occupation:** _____

Employer Address: _____ **City, State:** _____ **Zip Code:** _____

Employer Phone #: _____

Who is your Primary Care Physician?

Name: _____

Physicians Address/Location: _____

Date of last visit? _____ **Phone #:** _____

Preferred Pharmacy: _____ **Location:** _____

Foot Health Information:

What is your current foot/ankle condition? _____

When did it begin? _____

Have you seen another doctor for this condition? _____ **Whom?** _____

How have you treated this condition so far? _____

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

Name: _____ **Phone #:** _____

Address: _____ **City, State:** _____ **Zip Code:** _____

Signature of Patient or Guardian: _____ **Date:** _____

OFFICE USE ONLY: Entered By: _____ Date _____