



# PIKES PEAK FOOT & ANKLE CLINIC

## PATIENT REGISTRATION INFORMATION

NAME (LAST, FIRST): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SS#: \_\_\_\_\_ GENDER (circle one): M. F

E-Mail: *(We will not share this information)*: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL \_\_\_\_\_

Marital Status: SINGLE MARRIED WIDOW PARTNER SEPARATED

LANGUAGE: ENGLISH SPANISH Other: \_\_\_\_\_

RACE: Caucasian African American Other: \_\_\_\_\_

ETHNICITY: Non-Hispanic/Latino Hispanic/Latino Asian Other: \_\_\_\_\_

Referred By (Physician or Patient) Name: \_\_\_\_\_

How did you find out about us? Google Bing Yelp Facebook Insurance Other: \_\_\_\_\_

### **EMERGENCY CONTACT**

NAME (Last, First) \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### **YOUR EMPLOYMENT INFORMATION:**

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### **PLEASE LIST ANY OTHER DOCTORS YOU OR YOUR CHILD SEES**

PRIMARY: \_\_\_\_\_

\_\_\_\_\_

### **INSURED PERSON (IF SOMEONE OTHER THAN PATIENT)**

NAME (Last, First) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN#: \_\_\_\_\_