

Thank you for Choosing Warheit Podiatry

Please Print

Patient Registration General Information

Last Name: _____ Today's Date: _____
First Name: _____ Date of Birth: _____
Address: _____ Marital Status: _____
City: _____ Social Security #: _____
State: _____ Zip Code: _____ Employer Name: _____
Home Phone#: _____ Email Address: _____
Cell Phone #: _____ Preferred Pharmacy: _____
Work Phone #: _____ Primary Care Doctor: _____
City/Phone# of Doctor: _____

Emergency Contact Information

Name: _____ Home Phone #: _____
Relationship: _____ Cell Phone #: _____
Parents (if patient is a minor) _____
Address (if different from above) _____

I hereby authorize Warheit Podiatry to examine Me (or my child) and render treatment that the physician feels necessary.

Signed: X _____

Medical History and Chief Complaint

Reason for coming in today? _____

Duration of problem? _____

Height _____ Weight _____ Blood Pressure _____

(blood pressure can be taken in our office if you are unsure of your last reading)

History Continued..

Allergies to Medications: _____

Current Medications: _____

Do You Smoke? Y or N Have you ever smoked? Y or N

Have you received a flu shot for 2011/2012? Y or N

Please check all that apply:

Diabetic _____

Deep Vein Thrombosis _____

Neuropathy _____

Dialysis _____

Parkinson's _____

Stroke _____

Patient Signature: X _____

Insurance Coverage and Assignment of Benefits

Please supply copies of Insurance Card(s).

Name of Policy Holder: _____ Date of Birth Policy Holder: _____

I hereby certify that me (or my child) have medical insurance coverage and assign benefits/payments to go directly to Warheit Podiatry. I understand that I am financially responsible for charges whether or not paid by insurance. If I cannot pay balance in full, I understand that Warheit Podiatry offers Care Credit as a payment plan option. I hereby authorize Warheit Podiatry to release all information to secure the payments of benefits. I authorize the use of the signature on all insurance submissions.

Signature: X _____ Date: _____

Warheit Podiatry Disclosure of Privacy Practices

Name: _____ Date of Birth: _____

I hereby acknowledge receipt of the Notice of Privacy Practices. The Notice of Privacy provides detailed information about how the practice may use and disclose any confidential information. (printed copy available at the front desk, and displayed in the office)

Signature X _____

The best way to reach me with results or appointment confirmation is at the following number: _(____)_____

May we leave a message on your answering machine or voice mail? Y or N

Please list the individuals that we can leave messages with and or release information to:

Name	Relationship
1. _____	
2. _____	

Thank you