



Thank you for choosing Massard Foot and Ankle Clinic!
We will strive to provide you with the best possible foot and ankle care. To help us meet all your podiatric healthcare needs, please fill out this form completely. If you have any questions or need assistance, please ask us- We will be happy to help!

Today's Date _____

Patient Information (CONFIDENTIAL)

Name _____ Birthdate _____

Sex: Female Male Soc. Sec. # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Preferred: Home Cell

May we leave a message on an answering machine or with a family member? Yes No

E-mail Address _____

Check Appropriate Box: Minor Single Married Divorced Widow

Hispanic or Latino American Indian or Alaska Native Asian Black or African American

Native Hawaiian or other Pacific Islander White Other Race

If Student, Name of School/College _____ City _____ State _____ Zip _____

Patient's or Parent's Employer _____ Work Phone _____

Work Address _____ City _____ State _____ Zip _____

Spouse or Parent's Name _____ Employer _____ Work Phone _____

Emergency Contact Person _____ Relationship _____ Phone _____

How Did You Hear About Us? Word of mouth: Whom may we thank _____

Money Mailer Valpak Phonebook Walk-in/Drive-by Bartlett Examiner Carol Stream Examiner

Doctor _____ Insurance Website Our Website

Other _____ Ankle N Foot Centers _____

If patient is a minor this section MUST be completed.

Responsible Financial Party

Name of Person Responsible for this Account _____ Relation to Patient _____

Address _____ City _____ State _____ Zip _____

Drivers License # _____ Birthdate _____ Financial Institute _____

Employer _____ Work Phone _____ Soc. Sec # _____

Is this Person Currently a Patient in our Office? Yes No