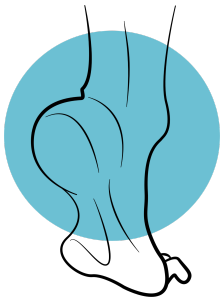

**William W. Martin, D.P.M.**
**Adam W. Burke, D.P.M.**
Foot & Ankle Specialty Clinic

Logan
**(435)753-3953**
550 E 1400 N, Ste N, Logan, Utah 84341

Tooele
**(435)843-9888**
15 N 100 E, Tooele, Utah 84074

## Patient Information

**PLEASE FILL OUT THIS FORM COMPLETELY!**

First Name_____ Middle Name_____ Last Name_____

Date of Birth_____/_____/_____ Sex **Male / Female** SSN_____-_____-_____

Address_____City_____State_____Zip_____

Phone Number (_____) _____ Cell Phone Number (_____) _____ Text **Y N**

Email Address_____ Email **Y N**

Race_____ Ethnicity (circle) Hispanic/Latino or Not Hispanic/Latino

Primary Care Physician_____

Preferred Pharmacy_____Pharmacy Phone_____

**Employment Status** (circle)

Employed Unemployed Full Time Student Part Time Student Retired Child Other

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**Insurance**_____ **Policy Number**_____

**Policy Holder** First Name_____ Middle Name_____Last Name_____

Date of Birth_____/_____/_____ Sex **Male Female**

Address_____City_____State_____Zip_____

Responsible Party Employer_____

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How did you hear about us?_____

**Emergency Contact** (not living with you)_____

**Relationship to you**_____

**Emergency Contact Phone Number**_____