VITTORI FOOT & ANKLE SPECIALIST
CHRISTOPHER M. VITTORI, DPM

PATIENT INFORMATION SHEET

Name _____ Today's Date _____

Address _____ City/State _____ Zip _____

Home Phone _____ Work _____ Cell _____

SS# _____ Age _____ Birthday _____ Sex: Female Male

Email Address _____ Marital Status: S M W D

Employer _____ Address _____

Spouse's Name _____ Employer _____ Phone _____

How did you hear about Vittori Foot & Ankle Specialist? (please circle or fill in)

Yellow Pages Home Pages Office Newsletter Internet Website Saw Office Sign Val Pak Life Style Magazine

Live in Area Church Bulletin Coffee News Radio Prior Patient Referral (name) _____

Doctor Referral (name) _____ Other _____

Insurance Information

Name of Insurance Company _____ Policy # _____

Name of Insured _____ Insured Date of Birth _____ SS# _____

Do you have additional insurance: NO YES Add'l Ins Name _____ Policy # _____

Family Doctor _____ Phone _____ Last Visit _____

Emergency Contact _____ Relationship _____ Phone _____

By signing below, I hereby give permission to Vittori Foot & Ankle Specialist, Dr. Christopher M. Vittori, to release any information requested by my insurance company acquired in the course of my examination and treatment. I also give permission to Dr. Christopher M. Vittori to evaluate, diagnose, and upon my approval, treat my foot and/or ankle condition.

Signature _____ Date _____ Relationship if not signed by patient _____

Government Mandated HIPPA Disclosure Section

Acknowledgment of Receipt of Notice of Privacy Practices Provide by Vittori Foot & Ankle Specialist
Christopher M. Vittori, DPM

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read, or had the opportunity to read the Privacy Notice. This notice describes how this office will protect my healthcare information from unauthorized disclosures and use.

Signature _____ Date _____ Relationship if not signed by patient _____