DuPage Foot & Ankle
1525 North Main Street • Wheaton, IL 60187
Tel. (630) 538-3668 • Fax (630) 480-7423
www.DuPageFootAndAnkle.com

PATIENT REGISTRATION SHEET

Patient Name_____ (LAST / FIRST / MIDDLE) Date of Birth____/____/____

Address_____ (STREET / APARTMENT#) Social Security #_____

_____ (CITY / STATE / ZIP) Gender_____

I HEREBY AUTHORIZE DUPAGE FOOT & ANKLE TO LEAVE A DETAILED MESSAGE RELATED TO MEDICAL CARE AT:

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed

Home Phone (____) _____ Cell Phone (____) _____

Email:_____

GOV'T REQUESTED DATA. **Preferred Language**:_____ **Ethnicity**:☐Hispanic or Latino ☐Not Hispanic or Latino ☐Other:_____ ☐Declined
Race: ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Native Hawaiian or other Pacific Islander ☐White ☐Other:_____ ☐Decline

Employer Name_____ Work Phone # (____) _____

Employer Address_____ (STREET / CITY / STATE / ZIP)

Spouse's Name_____ Phone # (____) _____

Spouse's Employer_____ Phone # (____) _____

Emergency Contact_____ Phone # (____) _____

Family Physician_____ Date last seen____/____/____ Phone # (____) _____

Nearest Relative (NOT LIVING WITH YOU)_____ Phone # (____) _____

Address_____ (STREET / CITY / STATE / ZIP)

GUARANTOR (PERSON RESPONSIBLE FOR PAYMENT) / INSURED (PERSON WHOSE NAME IS ON THE INSURANCE CARD)

Name_____ (LAST / FIRST / MIDDLE) Phone # (____) _____

Social Security #_____ Date of Birth_____ Relationship_____

Address_____ (STREET / CITY / STATE / ZIP)

INSURANCE INFORMATION

Primary Insurance_____ Policy #_____ Group #_____

Address_____ (STREET / CITY / STATE / ZIP) Phone # (____) _____

Policyholder Name:_____ Relationship to Patient:_____

Secondary Insurance_____ Policy #_____ Group #_____

Address_____ (STREET / CITY / STATE / ZIP) Phone # (____) _____

Policyholder Name:_____ Relationship to Patient:_____

I hereby affirm that the above information is true to the best of my knowledge.

Patient/Legal Guardian Signature_____ Date_____

If guardian, relationship to patient:_____

How did you hear about us?
❑Google ❑Postcard Magazine_____ Friend/Family_____ Physician:_____ Other:_____