

Michigan
Foot & Ankle
Institute



Stacey L. Miller, DPM • Edmund J. Kowalchick, DPM

Welcome to our office

Today's Date: _____

How did you hear about our office? _____

Emergency contact name and phone#: _____

PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt. /Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Preferred Method of Contact: Home Cell Work

May we leave a message at: Home Cell Work

With which Family Member: _____

Date of Birth: _____ Marital Status: Single Married Other Sex: M F

E-mail address: _____ Primary language: _____

Ethnicity: Hispanic/Latino or Non-Hispanic /Latino

Race: American Indian/Alaska Native Asian Black/African American
 Native Hawaiian Other White

Social Security: XXX-XX-_____ (last 4 digits only)

Your Occupation: _____ Employer: _____

If married, spouse's name: _____ Date of Birth: _____

Spouse's Occupation: _____ Employer: _____

RESPONSIBLE PARTY INFORMATION (for minors): This is the parent who signs this form.

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt. /Unit: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: M F E-mail address _____

Cell Phone: _____ Social Security: XXX-XX-_____ (last 4 digits only)

Employer: _____ Address: _____ Phone: _____

PRIMARY INSURANCE INFORMATION:

Insurance Company Name: _____

Subscriber's Name: _____ Birth Date: _____

SECONDARY INSURANCE COMPANY – IF ANY:

Insurance Company Name: _____

Subscriber's Name: _____ Birth Date: _____