

Dr. Scott Rubenstein

205 Third Avenue, New York, NY 10003

212-674-1120

Mr. Mrs. Ms.

First Name	Last Name	Date of Birth
Street Address / Apt#	City, State	Zip Code
Home Phone	Cell Phone	Work Phone
Social Security#	Marital Status	Single Married Divorced Widowed
eMail Address	Place of Employment / Occupation	

HEALTH INSURANCE INFORMATION

Primary Insurance Co. Name	ID#
Secondary Insurance Co. Name	ID#

MEDICAL INFORMATION

Preferred Pharmacy Name / Address	Phone Number			
Height	Weight	Blood Pressure	Shoe Size	Smoker (Y/N)

Medications *(use the back of the form if more space is required)* Allergies (Food / Medicine)

Family Physician Name Phone Number

Referred By (Friend, Internet Search, Doctor, Advertisement)

I have read and understood the HIPPA (privacy notice). A copy will be provided to me by Dr. Scott Rubenstein on request. I understand it is also available online at www.MetroPodiatry.com

Patient Signature Date