

ATLANTA PODIATRY, P.C.

First Name:	Middle Initial:	Last Name:
I Prefer To Be Called:	Male / Female	
Address:	City:	State: Zip:
Home Phone #:	Pharmacy #:	Cell Phone #:
Date Of Birth:	Age:	SS #:
Driver's License #:	State:	
Occupation:	Employer:	Work #:
Employer Address:		
PCP Name:		PCP Phone #:
Spouse's Name / Parent or Guardian Name if a Minor:		

Medical Insurance Information

Primary Carrier Name:		
Policy Holder's Name:	Date Of Birth:	
Policy Holder's Address:		
Phone Number:	Employer Name:	
Member ID #:	Group ID #:	SSN#:

Secondary Carrier Name:		
Policy Holder's Name:	Date Of Birth:	
Policy Holder's Address:		
Phone Number:	Employer Name:	
Member ID #:	Group ID #:	SSN#:

Emergency Contact Information

Person to Notify In case of Emergency:	Relationship to Patient:	
Home #:	Cell #:	Work #:

Referred by: <input type="checkbox"/> Physician _____ <input type="checkbox"/> Patient _____ <input type="checkbox"/> Insur Co (<input type="checkbox"/> Web or <input type="checkbox"/> Book) <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other _____

I understand that the above information is correct to the best of my knowledge. I also understand that it is my responsibility to inform Atlanta Podiatry, P.C. of any changes to my medical status. I hereby consent and authorize Atlanta Podiatry, P.C. and staff to perform any service deemed appropriate by attending physician(s) to make a thorough diagnosis. I also authorize Atlanta Podiatry, P.C. and staff to perform any procedures, forms of treatment, medication and therapy in connection with my diagnosis and treatment plan. I understand that payment for services, procedures and treatment forms is solely and ultimately my responsibility. I understand that payment for services is due at the time that services are rendered, unless other financial arrangements have been made.

I hereby authorize and request that all payments be made directly to Atlanta Podiatry, PC, for Medical or Surgical Services rendered at Atlanta Podiatry, PC.

Signature: _____ Today's Date: _____

Print Name: _____