ANKLE AND FOOT ASSOCIATES
ORANGE PARK, JACKSONVILLE BEACH, ST. AUGUSTINE

**TODAYS DATE**

NAME _____MALE _____FEMALE

DOB AGE **CIRCLE** MARRIED DIVORCED SINGLE ___OTHER

ADDRESS

CITY STATE ZIP CODE

CELL # HOME # WORK# PLACE OF EMPLOYMENT:

EMERGENCY CONTACT NAME & RELATIONSHIP THEIR PHONE#

MAY WE CONTACT YOU AT WORK ? ___YES __ NO MAY WE LEAVE A MESSAGE ON HOME AND/ OR CELL ? ___YES___NO

PHONE IS PRIMARY METHOD OF CONTACT UNLESS YOU INDICATE OTHERWISE HERE_____.

E-MAIL ADDRESS _____**@**_____THIS IS CONSIDERED CONSENT.

***By providing us your e-mail you agree to allow us to communicate such items as appointments, billing statements,pt. portal, and general office topics. We will not share your e-mail with anyone. This is not a means of two way communication, it is a send only e-mail from our office. There is some level of risk with any e-mail communication that information could be intercepted and read by a third party. You may revoke this consent at anytime. Please notify us if your e-mail address has changed and remember to check your SPAM if looking for communication from us. **DO NOT SEND MEDICAL/APPOINTMENT INFORMATION VIA E MAIL**.

PRIMARY INSURANCE: SECONDARY INSURANCE:

NAME OF PHARMACY STREET ADDRESS:

MAY WE DISCUSS YOUR MEDICAL/BILLING ISSUES WITH A SPOUSE? Y N , SIGNIFICANT OTHER Y N , ADULT CHILD Y N

DO YOU GIVE US CONSENT TO SHARE MEDICAL HISTORY/INFORMATION WITH YOUR HEALTHCARE PROVIDERS? **Y N IF NO ALERT STAFF**

DO YOU GIVE US CONSENT TO SHARE MEDICATION HISTORY WITH YOUR PHARMACY? **Y N IF NO ALERT STAFF**

****If you have specific restrictions on who may NOT obtain your patient health information, you must request and complete a RESTRICTION REQUEST FORM, NOTIFY THE STAFF.**

ETHNICITY: Select one _____Non-Hispanic/Non-Latino _____Hispanic/Latino

RACE: Select one ____White _____African-American/Black _____Other

LANGUAGE:_____ DOMINANT HAND: Right Left

HOW DID YOU HEAR ABOUT US ? INTERNET/WEB, PHYSICIAN _____ ,LOCATION, INSURANCE, FAMILY/FRIEND, OTHER _____

**** I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. Initial_____ Date_____**

Demo. 4-19