



# PATIENT INFORMATION

Date of Appointment: \_\_\_/\_\_\_/\_\_\_

(Please fill in each section completely)

### INTERNAL USE:

- New Patient
- Patient Update
- ENP
- Dr. Anderson
- Dr. Wilkinson
- Fort Collins
- Cheyenne
- Broomfield

## Patient Personal Information:

Last Name: \_\_\_\_\_

First name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_

Best contact phone #: \_\_\_\_\_

Contact Preference: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Address: \_\_\_\_\_ Unit \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race:**  White  Asian  
 American Indian  Pacific Islander  
 African American  Other: \_\_\_\_\_  Decline

**Ethnicity:**  Hispanic or Latino  
 Non-Hispanic or Non Latino  Decline

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

**Consent to Market?**  Yes  No

**Patient's Medical Provider:**  None

Patient's Primary Care Provider (PCP): \_\_\_\_\_

Last visit with PCP (Required for medicare patients): \_\_\_\_\_

Patient's PCP contact information: Phone#: \_\_\_\_\_

Name of PCP's Practice: \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

**Shoe Size:** \_\_\_\_\_ U.S size

## Emergency Contact Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Guardian / Next of Kin:**  N/A

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Employment Details:

Employed  Full-Time Student  Retired

Unemployed  Part-Time Student  Child

Employer Name: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Street: \_\_\_\_\_ Apt. / Suite \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Industry: \_\_\_\_\_

## Pharmacy Preference:

Name of Pharmacy: \_\_\_\_\_

Location: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Do you or any of your family members have difficulties with anesthesia?**  Yes  No

## PREFERRED FORMS OF COMMUNICATION

I, \_\_\_\_\_ (print name) hereby consent that communications to me by Anderson Podiatry Center, PC be handled in the following manner.

Please include ALL contact information requested below and check which form is preferred:

\_\_\_\_\_ Phone calls and messages (including voice or text) at the following numbers  
\_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w)

\_\_\_\_\_ Email Approved Email Address: \_\_\_\_\_

\_\_\_\_\_ Provide information (included but not limited to medical and/or financial) to the following family members and/or friends (Please list below)

Print Name

Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

# How Did You Hear About Us?

Please Help Us Know Where Our Patients Come From  
(Please List all that apply)

Patient Name: \_\_\_\_\_  
Date of Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

## People

- Friend (name): \_\_\_\_\_  
 Family Member (name): \_\_\_\_\_

## Dr. Referral

Doctor Name: \_\_\_\_\_ Name of Practice \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Veteran Affairs?  Yes  No

## Social Media (Check one) Topic: \_\_\_\_\_

- Facebook  LinkedIn  Twitter  Google+  Other (Specify)

## Internet What words did you search? \_\_\_\_\_

Search Engine:  Google  Bing  Yahoo  Other (please specify) \_\_\_\_\_

## Review Website

- Name of review website: \_\_\_\_\_  
 Direct to our Anderson Podiatry Center website (How did you hear our name?) \_\_\_\_\_  
 Laser Nail Center Website (How did you hear LNC name?) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

## Advertisements (Please bring Ad with you to your first appointment)

Newspaper: \_\_\_\_\_ Topic: \_\_\_\_\_ Code on Ad: \_\_\_\_\_

## Community Talks/ Presentations

Topic of Talk: \_\_\_\_\_ Date of Talk: \_\_\_\_/\_\_\_\_/\_\_\_\_ How did you hear about the talk?: \_\_\_\_\_

## Anderson Podiatry Center Minibook

Title: \_\_\_\_\_ Where did you get it?  Website  Event sign up: \_\_\_\_\_  
 Other: \_\_\_\_\_ (please specify)  
(please specify)

## Email Special Offer From Anderson Podiatry Center

What was the topic? \_\_\_\_\_

## Events

Healthfair or Social Event (Name of Event) \_\_\_\_\_ Location: \_\_\_\_\_

## Directories

Insurance Directory  Dex/Yellow Pages: Location: \_\_\_\_\_

## Mailer/Coupon (Please bring ad with you to first appointment)

Orthotic Sale Mailer, Code on Card: \_\_\_\_\_  Other: \_\_\_\_\_ Code on Card: \_\_\_\_\_  
 End of Year Free Consultation Mailer, Code on Card: \_\_\_\_\_

## Other Source

Drive/Walk by/Sign  
 Other not mentioned above: \_\_\_\_\_  
(please specify)

**If Friend or Family Member**  
May we thank him/her for their referral?  
 Yes  No Please Initial \_\_\_\_\_  
Referrer's Address: \_\_\_\_\_  
\_\_\_\_\_