

*Michigan Foot & Ankle Institute, P.C.*  
**586-228-2255**

**Welcome to our office**

Today's Date: \_\_\_\_\_

EMERGENCY # (other than home): \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Who referred you to our office:** \_\_\_\_\_

**PATIENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_ Sex: M F

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Spouse's Social Security #: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION (for minors):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Sex: M F Social Security #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PRIMARY INSURANCE INFORMATION:**

Insurance Company Name: \_\_\_\_\_ Contract or ID#: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECONDARY INSURANCE COMPANY – IF ANY:**

Insurance Company Name: \_\_\_\_\_ Contract or ID#: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_