

**WELCOME TO OUR OFFICE  
GENTLE FOOT & ANKLE CARE**

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

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

\_\_\_\_\_

City

State

Zip

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Sex: M F    DOB: \_\_\_\_\_    Soc. Sec. # \_\_\_\_\_

Marital Status:    Married    Single    Divorced    Widowed

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

In case of emergency, contact: \_\_\_\_\_

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

Whom may we thank for referring you to our office:

Physician: \_\_\_\_\_ Please list doctor's name: \_\_\_\_\_

Yellow Pages: \_\_\_\_\_ VAL Pak: \_\_\_\_\_ Beaumont Referral: \_\_\_\_\_

Other (please list): \_\_\_\_\_

**INSURANCE INFORMATION**

Insured's Name (Subscriber): \_\_\_\_\_

Insured's DOB: \_\_\_\_\_

Insured's Soc. Sec. #: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

Relationship to Subscriber:    Self    Spouse    Dependent

I hereby authorize payment directly to Drs. Randy Feldman, Brian Burkardt, or Brenda Carnaghi for medical services, otherwise payable to me under the terms of my insurance company. I also authorize Drs. Feldman, Burkardt, or Carnaghi to release any information acquired in the course of my visit to my insurance company. I hereby authorize photocopies of this form to be valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE GIVE ALL INSURANCE CARDS AND PHOTO ID TO THE  
RECEPTIONIST TO BE COPIED. THANK YOU.**