



Bozeman Foot & Ankle Clinic, P.C.

Legal Name: (Last, First, M.I.) _____ Prev. Last Name: _____

Nickname: _____ Date of Birth: ____/____/____ SSN: _____ MALE FEMALE

Physical Address, City, State, Zip: _____

PO Box / Sec. Address, City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ May We Send Information Here? YES NO

Preferred Pharmacy: _____ City: _____ State: _____

Consent to Request Medication History From Your Pharmacy? YES NO

Your Employer: _____ Occupation: _____ Years There: _____

Employer's Address, City, State, Zip: _____

Work Phone: _____ May We Contact You at Work? YES NO

Name of Spouse/Partner: _____ Date of Birth ____/____/____

SSN: _____ Their Employer: _____

Employer's Address, City, State, Zip: _____

Employer's Telephone: _____ Years Employed There: _____

In Case of an Emergency, Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

- 1) Preferred Language: English Spanish Other _____
- 2) Race: White African American Asian/Pacific Islander Native American/Alaskan
 Latin American Decline to Specify Other _____
- 3) Ethnicity: Hispanic/ Latino NON Hispanic/ Latino Declined to Specify

A COPY OF YOUR INSURANCE CARD IS REQUIRED; PLEASE PRESENT THOSE CARDS TO THE RECEPTIONIST

Insurance Company: _____

Policy Number: _____ Group Number: _____

Subscribers Name: _____ DOB: ____/____/____ SSN: _____

Relationship to Patient: _____ Employer: _____

Do you have a secondary insurance? YES NO

Insurance Company: _____

Policy Number: _____ Group Number: _____

Subscribers Name: _____ DOB: ____/____/____ SSN: _____

Relationship to Patient: _____ Employer: _____

COMPLETE THIS SECTION ONLY IF SOMEONE OTHER THAN THE PATIENT IS FINANCIALLY RESPONSIBLE

Responsible Party: _____ Relationship to Patient: _____

DOB: ____/____/____ SSN: _____ Employer: _____

Employers Address, City, State, Zip: _____

Home Address, City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

How Did You Hear About Our Practice? _____