



HARVEY R. DANCIGER, DPM

Advanced Foot and Ankle Care

Dr. Harvey R. Danciger and staff wish to welcome you to our office. We will strive to provide you with the very best podiatric care. Please provide the following information to help us become better acquainted with you. Thank you.

PLEASE PRINT

Patient Name: _____ Date of Birth: _____
(Last Name) (First Name) (Middle)

Local Address: _____ Effective Dates: _____ Out of Area Address _____ Effective Dates: _____

Street Number, Street Name, Apartment # _____

Street Number, Street Name, Apartment # _____

City, State, Zip _____

City, State, Zip _____

Phone # () _____

Phone # () _____

Cell Phone # () _____

E-mail address: _____

Drivers License: State: _____ #: _____

Social Security#: _____

Gender: ___ Male ___ Female Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Partner

Language: _____ Ethnicity: ___ Hispanic/Latino ___ Not Hispanic/Latino ___ Patient Declined

Race: ___ American Indian/Alaska Native ___ Asian ___ Black/African American ___ Native Hawaiian ___ White

Employed By: _____ Occupation: _____

Employment Address: _____ Phone # () _____

NAME OF SPOUSE, PARENT OR GUARDIAN _____ Relationship: _____

Employed By: _____ Phone# _____ Occupation: _____

Employment Address: _____ SS#: _____

PARTY RESPONSIBLE FOR PAYMENT: _____

(If different than patient)

Address: _____ Phone #: _____

EMERGENCY CONTACT - NAME OF CLOSEST RELATIVE NOT LIVING WITH PATIENT:

Name: _____ Relationship: _____ Phone#: () _____

Address: _____

Street Number, Street Name, Apartment # _____ City _____ State _____ Zip _____

FAMILY PHYSICIAN: _____ Phone#: () _____

Address: _____

Street Number, Street Name, Suite # _____ City _____ State _____ Zip _____

PRIMARY INSURANCE:

SECONDARY INSURANCE:

Company: _____

Company: _____

Group#: _____ Policy/SSN# _____

Group#: _____ Policy/SSN#: _____

Name of Subscriber: _____ DOB: _____

Name of Subscriber: _____ DOB: _____

Relationship to Patient: _____

Relationship to Patient: _____

Whom may we thank for referring you to our office? _____

It is customary to pay for professional services when rendered unless prior arrangements have been made.