

Berks Foot & Ankle Surgical Associates, Inc.

PATIENT INFORMATION SHEET

Today's Date: _____		Preferred Language: English (USA) Spanish Other: _____		
DEMOGRAPHICS				
Last Name: _____		First Name: _____	MI: _____	Sex: M F
		Marital Status: Single / Mar / Div / Sep / Wid		
Date of Birth: _____	Home Phone #: _____	Cell phone #: _____		e-mail Address: _____
Address: _____		City: _____	State: _____	Zip: _____
Social Security # _____		Occupation: _____	Employer: _____	Work #: _____
Preferred Means of Communication: (circle one) Phone Mail E-mail Fax _____				
Race: White (not Hispanic or Latino) Black Hispanic/Latino Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Other _____				
Religion: (Optional) Agnostic Atheist Baptist Buddhist Catholic Christian Episcopalian Jewish Lutheran Muslim Presbyterian Protestant Hindu				
Ethnicity: Not Hispanic or Latino Hispanic or Latino				
COMPLETE IF PATIENT IS A MINOR				
Person Responsible for Payment: _____		Relationship: _____		DOB: _____
Employer: _____		Social Security # _____		Work # _____
AUTHORIZATION TO TREAT				
I hereby authorize Berks Foot & Ankle Surgical Associates, Inc. and any qualified staff to:				
<ul style="list-style-type: none"> • evaluate, diagnose and treat my foot/ankle condition as may be deemed necessary • take photographs, for the purpose of advancing medical education. I understand that my identity will remain confidential. 				
Patient or Authorized Signature _____ Date _____				
If not the Patient, state relationship _____				
ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE (HIPAA)				
I acknowledge that I was provided with a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so choose) and understand the Notice.				
Please allow the following family members to receive information:				
Name: _____		Relationship: _____		
_____		_____		
_____		_____		
_____		_____		
(Patient Name) PLEASE PRINT _____				
Name of Parent or Authorized Representative, if applicable _____				
Signature _____				Date _____