Advanced Care Foot & Ankle

Dr. Craig A. Wilkes

Doctor of Podiatric Medicine

Rocklin	Sacramento	Carmichael
6000 Fairway Drive, Suite 18 Rocklin, CA 95677 916-435-5200 ☐	87 Scripps Drive, Suite 306 Sacramento, CA 95825 916-920-4070 ☐	6403 Coyle Avenue, Suite 390 Carmichael CA 95608 916-966-2175 ☐

NEW PATIENT FORM

First Name____________________Last Name_______________________Date of Birth____________Age_____

Address_______________________________________ City__________________State_______Zip__________

Home Phone___________________ Cell Phone______________________ Work Phone____________________

E-mail Address __________________________________How did you hear about us? _____________________

Sex: M F Marital Status: S M D W Social Security #____

Employer Name and Address ____

Spouse and/or Emergency Contact Name _______________________________Phone#:____________________

Primary Care Physician _______________________________________ Phone __________________________

Address____________________________________ City___________________State_______Zip___________

Pharmacy ____ Phone___________________________

Address____________________________________ City___________________ State_______Zip___________

PRIMARY INSURANCE INFORMATION

Insurance Company Name ____

Address____________________________________ City ___________________State_______Zip___________

Phone ____________________ ID Number___________________________Group Number_________________

SECONDARY INSURANCE INFORMATION

Insurance Company Name ____

Address____________________________________ City___________________ State_______Zip___________

Phone ____________________ ID Number___________________________Group Number_________________

RESPONSIBLE PARTY / WHERE TO SEND BILLING, ETC.

First Name____________________________________Last Name______________________________________

Address____________________________________ City____________________State_______Zip___________

Home Phone____________________ Cell Phone_______________________ Work Phone ___________________

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize Dr. Craig Wilkes, Doctor of Podiatric Medicine, to release any medical of incidental information that may be necessary for medical benefit or in processing applications for financial benefit. This includes but is not limited to my insurance company, Rehabilitation Services, Social Security Administration, and Worker's Compensation. **CONSENT FOR TREATMENT:** I HEREBY AUTHORIZE Dr. Craig Wilkes, Doctor of Podiatric Medicine to administer diagnostic and medical procedures as may be necessary for proper health care. **OFFICE POLICY ON PAYMENT:** I understand that I am responsible for payment of all charges. As a courtesy, my insurance will be billed for me. It is my responsibility to pay any deductible, co-pay or any other balance not paid for by my insurance company. I authorize insurance benefits to be paid directly to the provider.

Patient or Guarantor Signature____Date_________________________

Advanced Care Foot & Ankle

Dr. Craig A. Wilkes
Doctor of Podiatric Medicine

Patient Name:____________________________

What problem have you come for today?____

Have you had previous Podiatric care? Yes / No If yes, by whom? ____________________________________

MEDICAL HISTORY

Do you smoke Cigarettes? Yes / No Do you Drink Alcohol? Yes / No

Please check any condition(s) you have or have had in the past:

AIDS/HIV	Anemia	Arthritis
Back Pain	Bleeding Disorder	Chest Pain
Cold Feet	Convulsions	Diabetes
Difficulty Breathing	Edema (swelling)	Gout
Heart Attack	Hepatitis	High Blood Pressure
Kidney Disorder	Leg Pain at Night	Leg/Foot Pain Walking
Phlebitis	Pregnant	Sciatica

Other ____

ALLERGIES

Do you have any allergies or sensitivities? Yes / No Please check all that apply:

Antibiotics	Sulfa Drugs	Penicillin
Tetanus Antitoxin	Morphine	Codeine
Demerol	Local Anesthetics	Iodine
Methiolate	Aspirin	Adhesive Tape
Latex	Other________________	

MEDICATIONS

Please list any medications you are currently taking and what they are for.

____________________________________ ____________________________________

____________________________________ ____________________________________

____________________________________ ____________________________________

____________________________________ ____________________________________

____________________________________ ____________________________________

FAMILY HISTORY

Please check all that apply:

Diabetes Heart Disease High Blood Pressure Other____________________