

Alabama Podiatry Care

THE EULER CLINIC
2116 Chapel Hills Road
Birmingham, Alabama 35216
Ph. (205) 822-8038
Fax (205) 822-8040

CENTER POINT-ROEBUCK FOOT CARE
1301 Center Point Parkway, Suite #12
Birmingham, Alabama 35215
Ph. (205) 854-6633
Fax (205) 815-1870

ALABASTER OFFICE
211 First Street South, Suite A
Alabaster, Alabama 35007
Ph. (205) 620-1823
Fax (205) 620-1829

WELCOME TO OUR PRACTICE

Please complete both sides of this form. This information is important for your health and our records.

WHAT FOOT CONDITION OR COMPLAINT BRINGS YOU TO THIS OFFICE? _____

NAME _____ *MARITAL STATUS* _____ *SEX* _____

RESIDENCE ADDRESS _____

CITY _____ *STATE* _____ *ZIP* _____

PHONE NUMBER _____ *AGE* _____ *BIRTHDATE* _____

MONTH DAY YEAR

SOCIAL SECURITY NO. _____

EMPLOYER _____ *ADDRESS* _____

OCCUPATION _____ *BUSINESS PHONE* _____

SPOUSE'S EMPLOYER _____ *ADDRESS* _____

OCCUPATION _____ *BUSINESS PHONE* _____

PARTY RESPONSIBLE FOR PAYMENT OF ACCOUNT _____

MEDICAL INSURANCE? YES _____ *NO* _____ *NAME OF COMPANY* _____

SPOUSE'S INSURANCE COMPANY _____

FAMILY PHYSICIAN _____

WHOM MAY WE THANK FOR REFERRING YOU TO THIS OFFICE? _____

IN CASE OF EMERGENCY CALL _____

I hereby give my permission to the physicians to examine, diagnose, and recommend treatment that they feel is necessary to satisfactorily resolve the condition relating to my foot.

SIGNATURE: _____ *DATE:* _____