## Tennessee Foot & Ankle Specialists, P.C.

# REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date | | | | | | | | | | | | | | |
| PATIENT INFORMATION | | | | | | | | | | | | | | |
| Patient’s Last Name | First | | | | M. I. | SSN | | | | Marital Status (circle one)  Single Married Divorced Widowed | | | | |
| Home Phone # | Cell Phone # | | | Work Phone # | | | Date of Birth | | | | Age | | | Sex  ❑ M ❑ F |
| Address | | | | City | | | | | State | | | Zip Code | | |
| Email Address | | | | | | | | | | | | | | | |
| Patient Occupation | | | | Employer | | | | | | | | | | |
| Responsible Party (If different) | | Relationship | | | | | Contact Phone # | | | | | | | |
| Address (If different) | | | | City | | | | State | | | | | Zip Code | |
| Primary Care Physician | | | | Date Last Seen | | | | Phone # (If out of area) | | | | | | |
| Address (If out of area) | | | | City | | | | State | | | | | Zip Code | |
| Referred By | | | | | | | | | | | | | | |
| Emergency Contact Name | | | Phone # | | | | Relationship to Patient | | | | | | | |

|  |  |  |
| --- | --- | --- |
| INSURANCE INFORMATION | | |
| **PRIMARY INSURANCE CARRIER** | | |
| Insurance Name | Subscriber ID # | Group # |
| Copayment / Coinsurance  $ | Insurance Phone # | Does your insurance require a referral? |
| Insured Name | Insured Date of Birth | Relationship to Patient |
| **SECONDARY INSURANCE CARRIER** | | |
| Insurance Name | Subscriber ID # | Group # |
| Copayment / Coinsurance  $ | Insurance Phone # | Does your insurance require a referral? |
| Insured Name | Insured Date of Birth | Relationship to Patient |