Suburban Foot & Ankle Center -Elmhurst
183 W 1st St, Elmhurst, IL 60126
office@footankleil.com

Suburban Foot & Ankle Center -Bloomingdale
303 E Army Trail Rd, Ste 101, Bloomingdale, IL
www.footankleil.com

Patient Information Form

(Please Print)

Date: ___/____/____

Patient Name: _____ _____ ___Date of Birth: ___/___/___ Age: __ Sex: M F
Last First MI

Home Address: _____ Unit/Appt:_____

City/State: _____ Zip: _____

Phone #: (____) ____-_____ May we leave a message? Yes No

E-mail: _____ Yes No

Primary Care Doctor: _____

Endocrinologist: _____Date last seen? _____ (Approximate if unknown)

Insurance Information (PLEASE PROVIDE YOUR INSURANCE CARD)

Primary Insurance Company Name: _____
Insured Name: _____ Date of Birth _____ Group # _____

Secondary Insurance Company Name: _____

To the best of my knowledge, I have answered the questions on this form accurately. I understand that providing incorrect information can be dangerous to my health. I understand that it is my responsibility to inform the doctor and office staff of any changes in my medical status.

_____
Print name of patient, parent or guardian

_____
If other than patient, relationship to patient

_____
Signature

Revised December 2024