

**Dr. Thomas F. Bembynista, Diplomate, American Board Podiatric Surgery American  
Fellow, College of Foot & Ankle Surgeons**

**DATE**

**PATIENT DATA**

**Name:**

First MI Last

**Address:**

Street City State Zip

**Date of Birth** Age M / F Weight Height Shoe Size

If patient is a minor give parents name:

**Home Phone**

**Cell Phone**

**Work Phone**

**E-Mail**

If our practice needs to communicate with you, may we call or leave a message at your:

Home Y / N; Work Y / N; Cell phone/ Voice mail Y / N; E-Mail Y / N

**Marital Status** (circle one)

**Emergency Contact Person**

Single Married

Name

Divorced Widow

Relationship

Phone #

**Employer**

**Occupation**

**Social Security #**

**Referred By?** (circle one)

Physician [Name]

Friend

Newspaper

Insurance Directory

Internet

Yellow Pages

**Family Doctor's Name:**

Would you like a report sent to your Doctor? YES NO

Doctor's Address:

**FINANCIAL POLICY**

Fees, including co-pays and deductibles are due and payable upon completion of visit.

**Insurance Information**

**Please give your card to the receptionist to be copied.**

If your insurance requires a referral, have you requested one from your primary Dr.? Y N

**NOTE** If visit is not OK'ed you will be responsible for payment.

**NOTE to Medicare Patients: Certain services are not covered. The doctor will inform patient before services are rendered if he feels a service will not be paid by medicare.**

**The patient will be informed if payment is required.**

**Please notify the receptionist of any changes in your insurance or location changes during future visits**

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Name	<b>HISTORY AND PHYSICAL</b>	Date
<u><i>Circle all that apply</i></u>		

1. **What is your major foot complaint today?** Pain, Toenail ingrown, Wart, Bunion, Hammertoes  
Toenail fungus, Tough mis-shaped toenails, Skin disorder Callous, Corns, Injury, Swelling,  
Diabetic check, Numbness, Mass, Other...
2. **Location?** Ankle R / L; Arch R / L; Ball R / L; Heel R / L; Toes big 1,2,3,4,5 R / L; top of foot R / L
3. **Approximately when did this problem start?**  
Has it happened before? Y / N Approximately how often?
4. **When does it bother you the most?** Walking first rising with shoes barefoot night other
5. **What have you tried to solve the problem?** (describe) Home remedies over-the-counter medications

<b>PRESCRIPTION MEDICATIONS</b>			
The receptionist will make a copy if you already have a list.			
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%; text-align: center;">NAME</th> <th style="width:33%; text-align: center;">DOSE</th> <th style="width:33%; text-align: center;">PURPOSE</th> </tr> </thead> </table>	NAME	DOSE	PURPOSE
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| 10. |  |  |

MEDICATION	<b>MEDICATION ALLERGIES</b>	REACTION
1.		
2.		
3.		
4.		

TYPE	<b>MAJOR SURGERIES</b>	COMPLICATIONS
1.		
2.		
3.		
4.		
5.		



Receipt of Notice of Privacy Practices  
Written Acknowledgement Form

I, \_\_\_\_\_, have read a copy of Regional Foot Centers P.A.'s Notice of Privacy Practices. Also I can go to [www.kcfootcare.com](http://www.kcfootcare.com) and read the notice. Go to Privacy Practice at the Patients Info page.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date