

**MOBILE PODIATRY REGISTRATION FORM**  
**All Fields are REQUIRED. Leave no blanks – use “N/A” or “None,” as applicable.**

**SECTION 1: FACILITY INFORMATION – REQUIRED!**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Reason (s) for referral \_\_\_\_\_  
Facility Contact Name/title: \_\_\_\_\_

**SECTION 2: PATIENT INFORMATION – REQUIRED!**

Mr.     Ms.     Mrs.    First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_    Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe size: \_\_\_\_\_ **Diabetic: Yes \_\_\_ No \_\_\_**  
Primary Phone: \_\_\_\_\_ Type:  Cell  Home    Email: \_\_\_\_\_  
**Responsible Party (if other than patient)**  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

**SECTION 3: INSURANCE INFORMATION – REQUIRED!**

**ATTACH CLEAR COPIES OF ALL INSURANCE CARDS (Primary and Secondary)**

**SECTION 4: PATIENT PAST MEDICAL HISTORY – REQUIRED!**

\_\_\_\_\_

**SECTION 5: PATIENT MEDICATION (attach medication list or MAR if more space needed) REQUIRED!**

\_\_\_\_\_

**Allergies – REQUIRED:** \_\_\_\_\_

**Smoking History: Have you ever smoked tobacco? – REQUIRED!**

Yes, current smoker     Former smoker     Never    If Yes or former, for how long?

**SECTION 6: PHYSICIAN INFORMATION**

Primary Physician: \_\_\_\_\_ Last Seen: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_  
Previous Podiatrist: \_\_\_\_\_ Last seen: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 7: PHARMACY – REQUIRED!**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION 8: CONSENT FOR PODIATRIC TREATMENT – REQUIRED!**

I certify that the above information is true and correct to the best of my knowledge. I give permission to the doctor at Stride Foot & Ankle Center, LLC to diagnose and treat my feet and/or ankles conditions as deemed necessary.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Responsible Party/Guarantor's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_