Kevin R. Higgins, D.P.M.

Please Print

Name: _____ Date of Birth: _____
Last First Middle

Address: _____ Phone: _____Cell: _____
Street City Zip

Gender: ☐M ☐F • Marital Status: ☐Single ☐Married ☐Widowed ☐Divorced • Social Security No.: _____

Email Address: _____ Preferred method of contact: ☐Email ☐Home ☐Work ☐Cell

Patient's Employer: _____ Occupation: _____

Address: _____ Phone: _____
Street City Zip

Spouse's Name: _____ Date of Birth: _____
Last First Middle

Spouse's Employer: _____ Social Security No.: _____

Spouse's Address: _____ Phone: _____
☐ Same Street City Zip

For Minors: If parents are divorced, who is the court-appointed responsible party? _____

Primary Insurance: _____ Secondary Insurance: _____

Policy No.: _____ Group No.: _____ Policy No.: _____ Group No.: _____

Subscriber: _____ Subscriber: _____

Relationship to patient: ☐ Self ☐Spouse ☐Parent Relationship to patient: ☐ Self ☐Spouse ☐Parent

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Primary Care Physician: _____ Last Visit: _____ Referred by: _____ ☐Same

Briefly describe your foot/ankle problem: _____ Date of onset: _____

History of injury? ☐No ☐Yes _____ Prior treatment? ☐No ☐Yes _____
Date Describe

Preferred Pharmacy: _____ Preferred Language: ☐English ☐Spanish
Name Location

Race: ☐Caucasian ☐Hispanic ☐Black/African American ☐Asian ☐Other ☐Undetermined ☐Decline to disclose

Ethnicity: ☐Hispanic/Latino ☐Non-Hispanic/Non-Latino ☐Other ☐Undetermined ☐Decline to disclose

I hereby give Kevin R. Higgins, DPM (KRH) permission to examine and treat my feet. I also assign KRH all payment for medical service rendered to myself or dependent. I understand that I am responsible for any amount not covered by my insurance. I also authorize release of medical information necessary to process any health insurance claims. I hereby give KRH the option to release a copy of my health record to my treating physicians. A copy of my signature on file will be considered as valid as the original. I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read, if I so choose) the Notice.

Signature X_____ **Today's Date:** _____