

**VITTORI FOOT & ANKLE SPECIALIST
CHRISTOPHER M. VITTORI, DPM**

PATIENT INFORMATION SHEET

Name _____ Today's Date _____

Address _____ City/State _____ Zip _____

Home Phone _____ Work _____ Cell _____

SS# _____ Age _____ Birthday _____ Sex: Female Male

Email Address _____ Marital Status: S M W D

Employer _____ Address _____

Spouse's Name _____ Employer _____ Phone _____

How did you hear about Vittori Foot & Ankle Specialist? (please circle or fill in)

Yellow Pages Yellowbook Office Newsletter Newspaper Website Saw Office Sign Ad Book

Live in Area Prior Patient Referral (name) _____

Doctor Referral (name) _____ Other _____

Insurance Information

Name of Insurance Company _____ Policy # _____

Name of Insured _____ Insured Date of Birth _____ SS# _____

Do you have additional insurance: NO YES Add'l Ins Name _____ Policy # _____

Family Doctor _____ Phone _____ Last Visit _____

Emergency Contact _____ Relationship _____ Phone _____

By signing below, I hereby give permission to Vittori Foot & Ankle Specialist, Dr. Christopher M. Vittori, to release any information requested by my insurance company acquired in the course of my examination and treatment. I also give permission to Dr. Christopher M. Vittori to evaluate, diagnose, and upon my approval, treat my foot and/or ankle condition.

Signature _____ Date _____ Relationship if not signed by patient _____

Government Mandated HIPPA Disclosure Section

Acknowledgment of Receipt of Notice of Privacy Practices Provide by Vittori Foot & Ankle Specialist
Christopher M. Vittori, DPM

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 the Privacy Notice. This notice describes how this office will protect my healthcare information from unauthorized disclosures and use.

Signature _____ Date _____ Relationship if not signed by patient _____