

**BENENATI FOOT AND ANKLE CARE CENTERS  
PATIENT REGISTRATION**

**Patient Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**If Patient is a *Minor*, name of Parent/Guardian:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**How do you prefer to be contacted for appointment reminders:** *Home/Text/Email*

**Patient Sex:** Male/Female     **Marital Status:** Single/Married/Widowed/Divorced/Separated

**Occupation:** \_\_\_\_\_ **Is your visit related to a Work Injury:** Yes No

**How were you referred to our office:** Doctor/Internet/Family or Other: \_\_\_\_\_

**Family Physician Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Family Physician Address/City** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Hospital your insurance and primary care doctor prefer:** McLaren/St.John/Henry Ford/Beaumont

**Pharmacy Name & Location** \_\_\_\_\_ **Ph #** \_\_\_\_\_

**Are you a Diabetic:** Yes/No     **Who is your treating physician for Diabetes:** \_\_\_\_\_

*Please list Any and All insurance information at the time of your visit, so we may submit claims in a timely manner. Including Workman's Compensation information.*

**Primary Insurance Name:** \_\_\_\_\_ **Secondary Ins:** \_\_\_\_\_

**Subscribers Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security#** \_\_\_\_\_

**Relationship to Insured:** \_\_\_\_\_ **Person Responsible for bill** \_\_\_\_\_

**Subscriber Employer:** \_\_\_\_\_ **Phone** \_\_\_\_\_

# \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer the following questions pertaining to your visit today:**

Approximately when did the problem begin: Days \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_

Onset: Gradual/Sudden or Injury(list date/where)

Explain: \_\_\_\_\_

Is the discomfort: *Burning Throbbing Sharp Dull Aching Other:* \_\_\_\_\_

How would you rate the severity of discomfort/pain: 1 2 3 4 5 6 7 8 9 10  
(1 is mild and 10 is unbearable)

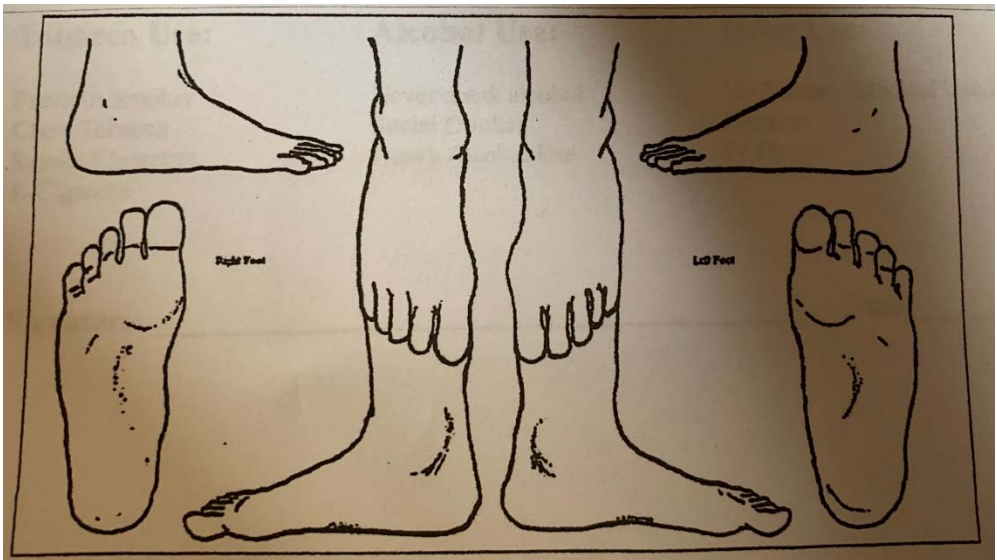
Is the problem getting: Better Worse Same

Describe when it is Better or when you notice it is worse: \_\_\_\_\_

Have you been treated for this condition before? Yes No

If so, *Who, When and How* were you treated: \_\_\_\_\_

**Locate your problem areas:**



# \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**General Health:**    **Good/Fair/Poor**                      **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**MEDICAL HISTORY: Do you have a history of any of the following, please circle:**

Edema/Swelling	Heart Problems	Diabetic: Type 1    Type 2
Stroke	Circulation Problems	Diabetic Foot Ulcers
Glaucoma	Liver Disease	High Blood Pressure
AIDS/HIV	Stomach Ulcers	Seizures/Epilepsy
Thyroid Disease	Skin Ulcers	Cancer
Gout	DVT	Tumors
Nervousness	Hypoglycemia	Emphysema
Memory Loss	Alzheimer/Dementia	Varicose Veins
Arthritis	Asthma	High Cholesterol
Kidney Problems	Anxiety	Phlebitis/Blood Clot Disorder
Pulmonary Disease	Rheumatic Fever	TB
Jaundice	Anemia	Hepatitis A B C
Neurological Illness	Heart Murmur	Bleeding Tendencies

**Tobacco Use:**

Previous Smoker  
Chew Tobacco  
Smoke Cigarettes  
E-Cigarette

**Alcohol Use:**

Never drank alcohol  
Social Drinker  
Heavy Alcohol Use

**Drug Use:**

Marijuana: Medical Use/Recreational  
Cocaine  
IV Drugs

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_



**Patient:** \_\_\_\_\_ # \_\_\_\_\_

- 1) Have you ever had angioplasty or a stent? Yes No
- 2) Have you noticed your walking pace has slowed? Yes No
- 3) Do your legs ever feel tired causing you to stop and rest? Yes No
- 4) Do you ever have a dull, cramping pain in the legs or feet when you walk, exercise or climb stairs? Yes No
- 5) Do you ever experience cramping, tightness, "charlie horse" or pain in the legs or feet when lying down that improves when you stand up? Yes No
- 6) Do you have infections or sores that are not healing on your feet or toes? Yes No
- 7) Is the skin on your legs or feet either pale, reddish or purple? Yes No
- 8) Do you have toenails that are thick and hard? Yes No

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**Please circle any of the following you have:**

<b><i>Constitutional</i></b>	<b><i>Eyes</i></b>	<b><i>Cardiovascular</i></b>		
Fever	Blurred vision	Shortness of breath	Heart Attack	HBP
Weight loss	Cataracts	Chest pain (angina)	Stroke	
Lethargy	Glasses	Heart palpitations	Cold	Extremities
<b><i>Ear,Nose,Throat</i></b>	<b><i>Respiratory</i></b>	<b><i>Genitourinary</i></b>		
Tinnitus	Chronic cough	Frequency	Unable to fully empty bladder	
Nose Bleeds	Wheezing	Blood in Urine	Incontinence	
Nasal Congestion	Emphysema	Abnormal urine color	Painful urination	
Sore Throat	Cough blood	Awaken to Urinate		
Difficulty Swallowing	Productive cough			
<b><i>Musculoskeletal</i></b>	<b><i>Neurological</i></b>	<b><i>Hematologic/Lymphatic</i></b>	<b><i>Integumentary</i></b>	<b><i>Endocrine</i></b>
Pain	Headache	Easy bruising	Rash	Night sweats
Limited motion	Fainting	Anemia	Itching	Thyroid disease
Limited strength	Dizziness	Blood Abnormalities	Dry Skin	Diabetes
Arthritis	Memory Loss	Blood thinners		
	Numbness	Lymph node enlargement		
<b><i>Gastrointestinal</i></b>				
Pain	Diarrhea	Constipation	Blood in stool	Mucus in stool
Nausea	Vomiting	Vomit Blood	Heartburn	Change in stool
Food Intolerance	Loss of Appetite			

**How May I Pay?**

We accept payment by Cash, Check, VISA, MasterCard, Discover, American Express & Care Credit

**Do I Need a Referral or Pre-Certification?**

If your insurance plan requires a referral authorization from your primary care physician or pre-certification from your insurance, you need to contact your PCP or insurance company to be sure it has been obtained. If we have not received an authorization prior to your arrival at the office your appointment may be rescheduled. We will try to work with you to obtain your authorization if necessary.

**Which Plans Do we contract with?**

Benenati Foot and Ankle Care Centers accepts most major insurance plans. It is always best for you to contact your insurance company prior to your appointment to see if we are participating providers.

**Why do I have to pay my co-pay and/or deductible?**

When you sign up with an insurance carrier, you basically sign a contract which stipulates that you are obligated to pay your copay and/or deductible in certain instances. That usually means that you are required to pay for office visits, including follow up examinations, outpatient surgical procedures done in our office, etc. Payment for all copays are expected at time of service, a \$15.00 fee will be charged for all copays not paid at time of service. Collections upfront reduce administrative cost and become a savings for the patient.

**What is My Financial Responsibility for Services?**

Our office will submit claims to your insurance company as a courtesy service to you. It is your responsibility to know what services your insurance plan covers; we take no responsibility to know what your plan covers. Services that we render that are not covered by your insurance company, including lab fees, DME and surgical procedures are your responsibility. Please check that the lab we send specimens to participate with your insurance plan. We emphasize, as your health care providers, that our relationship is with you, not your insurance company. Patients without insurance will be responsible for payment in full prior to treatment being rendered. Please contact the office for Medical Records & fees for personal use.

**What if I Miss my appointment?**

We understand that at times we forget or just unable to make a scheduled appointment. Please understand that repeat offenders of this will be charged a \$55.00 fee for all appointments that have *Not* been cancel/rescheduled within 24 hours of the scheduled date. Three or more no shows or continually late to a scheduled appointment, may be dismissed from the practice.

**What if My Child Needs to see the physician?**

A parent or legal guardian must accompany patients who are minors on the patients first visit and if a procedure is to be performed. We understand there may be times which they may be unavailable, the visit is subject to being rescheduled if deemed necessary by Benenati Foot and Ankle Care Centers.

**Work Injuries:**

If you have suffered from a work injury and the claim will be submitted to a Workman's Comp Plan, provide our office with the name of the adjuster, claim number and phone number and address to submit claims, this must be taken care of prior to your visit.

I, have read, understand, and accept the above statements. I certify that I (or my dependent) have insurance and assign payment directly to Benenati Foot and Ankle Care Centers, all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am personally responsible to pay all charges that are not covered by my insurance, including but not limited to, copays, deductible, and non-covered services. I consent to having my blood drawn and being tested for Hepatitis and HIV if Doctor and/or staff are exposed to my blood and/or fluids. I hereby authorize the doctors to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. Outstanding balance of 90 days past due may be referred to a collection agency, and such accounts may be reported to a national credit agency. You agree that we may charge reasonable collection fees and attorney fees if we are forced to refer your past due account to collection and /or attorney.

DATE \_\_\_\_\_

\_\_\_\_\_  
**Signature of Patients and/or Guardian/Foster (we do require proof of guardian/foster care giver)**

## PATIENT SPECIALIST PARTNERSHIP AGREEMENT

Our goal at **Benenati Foot and Ankle Care Centers** is to provide you the best care possible. This can happen by using us as your Patient Centered Specialty Care Doctor. We work with your Primary Care doctor and below are some important things to remember as we partner to better healthcare!

### **PATIENTS Please:**

- \*Follow up with your Primary Care Doctor as directed
- \*Make and keep all appointments with our office and with your Primary Care
- \*Ask questions until you know what you need to do when you leave our office.
- \*If you must cancel and appointment, make another one as soon as possible.
- \*Follow the plan we talked about during your appointments
- \*If you are not able to follow the plan, tell us so we can help make other arrangements
- \*Provide our office with your most up to date health information, including medications
- \*Completing diagnostic test (lab, xray,mri etc)

### **SPECIALIST DOCTOR:**

- \*We will ask you who your Primary Care doctor is and let them know about your care as soon as possible.
- \*We will talk with you about your health and what you need to do to take care of yourself
- \*We will talk to you by phone and in the office to answer your questions/concerns.

***Thank you for partnering with our office and taking an active role in your health. In order to enhance our partnership it is important we share some helpful practice information. Feel free to visit the web site for hours, locations and information at [www.benenatifootcare.com](http://www.benenatifootcare.com)***

You may reach the office Monday-Friday 9-5pm, we offer 24 hour answering service before and after hours.

**586-779-6140-St Clair Shores**

**586-416-3668-Macomb**

**586-756-3338-Warren**

Please call the office for prescription refills.

***Should you have a life threatening emergency please proceed to the nearest hospital and contact our office for follow up the next business day.***

***Once again, we appreciate the trust you have given us to provide the best possible care!  
Benenati Foot and Ankle Care Centers***

***Anthony V. Benenati DPM, Neil T. Shaw, DPM and Philip M. Watkins DPM***