

NorthPointe Foot & Ankle Associates

NorthPointe Medical Building
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MichiganFootCare.com

Lee Hoffman, DMP, FACFAS
Charles Kissel, DPM, FACFAS
Brian Kissel, DPM
Aimee Popofski, DPM, FACFAS
Marc Weitzman, DPM

WELCOME TO OUR OFFICE

NAME: _____ AGE: _____ SEX: MALE FEMALE
BIRTH DATE: _____ SOCIAL SECURITY NO: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE 1: () _____ (Home / Cell / Work) PHONE 2: () _____ (Home / Cell / Work)
MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED SEPARATED
IS THIS INJURY RELATED TO A WORKERS COMPENSATION CLAIM OR AUTO ACCIDENT: YES NO
IF YES: INSURANCE COMPANY: _____ CONTACT INFO: _____
CLAIM NO: _____ DATE OF INJURY: _____
E-MAIL ADDRESS: _____
EMERGENCY CONTACT NAME & RELATIONSHIP: _____
EMERGENCY PHONE: () _____
HOW DID YOU HEAR ABOUT OUR OFFICE? _____
WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE? _____
WHICH DOCTOR ARE YOU SCHEDULE TO SEE: Hoffman Popofski B Kissel C Kissel Weitzman Other
HAVE YOU HAD PREVIOUS FOOT CARE BY A SPECIALIST? YES NO
IF YES, BY WHOM? _____
ARE YOU TAKING ANY MEDICATION? YES NO
IF YES, PLEASE LIST THEM BY NAME: _____
DO YOU HAVE ANY ALLERGIES? YES NO
IF YES, PLEASE LIST THEM BY NAME: _____
IF FEMALE, ARE YOU PREGNANT? YES NO
PRIMARY CARE PHYSICIAN: _____ () _____
ARE YOU DIABETIC? YES NO IF YES: TYPE I TYPE II
IF YES, WHAT IS THE NAME AND PHONE NUMBER OF THE DOCTOR WHO TREATS YOU FOR DIABETES?
DIABETIC DR. _____ () _____
PLEASE PRESENT YOUR INSURANCE AND IDENTIFICATION CARDS AT THE FRONT DESK SO COPIES CAN BE
MADE FOR YOUR RECORDS. THANK YOU!

Patient's Signature (or Parent/Guardian if patient is minor)

Date
