

# New Jersey Foot and Ankle Specialists, LLC

Theodore Roberto DPM

Diplomate, American Board of Podiatric Medicine  
Board Certified, Primary Care in Podiatric Medicine

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Fellow, Academy of Physicians for Wound Healing  
Board Certified, Limb Salvage and Preservation

1700 Route 23 Ste 160

Wayne, NJ 07470

## PATIENT PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_

PERFERRED NICKNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BEST PHONE NUMBER: \_\_\_\_\_

ADDRESS/STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ DATE LAST SEEN: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ GENDER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

PHARMACY: \_\_\_\_\_

## **HOW DID YOU HEAR ABOUT US?** (FRIEND? CURRENT PATIENT? WEBSITE? FAMILY?)

By signing below, I acknowledge that:

- The doctor, associate doctor and staff of the medical practice noted on this form and hereafter referred to as DOCTOR, are authorized to treat the patient named on this form.
- DOCTOR is authorized to collect, use and exchange Individually Identifiable Health Information consisting of the patient's past, present and future medical information and personal information to treat patient, communicate with patients' other health care providers, seek payment, carry out necessary business functions, and mandated government reporting requirements. These situations and others, as well as your rights regarding this information are explained in our separate Notice of Privacy Practices provided for you.
- I have received a copy and have acknowledged both the HIPPA and financial compliance policies for this office.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If patient is under 18 years of age or unable to consent on their own behalf for whatever reason, responsible party must sign (parent/guardian/POA or other Guarantor)