

PHONE QUESTIONS

ARE YOU A NEW OR EXSITING PATIENT  
WHICH OFFICE WOULD YOU LIKE YOUR APPT

NEW PATIENT QUESTIONS:

- **FIRST AND LAST NAME**
- **ADDRESS**
- **PHONE NUMBER:** HOME AND/OR BEST ONE TO CALL TO CONFIRM APT
- **DOB OF PT**
- **PRIMARY INSURANCE**
- **INSURANCE ID#**
- **GROUP #**
- **INSURANCE CUSTOMER SERVICE OR ELIGIBITLY **PHONE NUMBER****  
IF PATIENT IS NOT INSURANCE HOLDER: NAME AND DOB OF INS HOLDER
- **SECONDARY INS**
- **INSURANCE ID#**
- **GROUP #**
- **INSURANCE CUSTOMER SERVICE OR ELIGIBITLY **PHONE NUMBER****  
IF PATIENT IS NOT INSURANCE HOLDER: NAME AND DOB OF INS HOLDER
- **EMAIL ADDRESS**
- **EMPLOYER**
- **PRIMARY CARE PHYSICAN**
- **REASON(S) WHY PT IS COMING IN:**  

<b>Is this a new condition from last visit?</b>	<b>Y OR N</b>
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- **WHICH FOOT:** L OR R
- **DIABETIC** Y OR N
  - DOES PT HAVE AN ULCER (OPEN WOUND) Y OR N
  - IS THERE DRAINAGE ON SOCKS Y OR N
  - RAW SKIN EXPOSED Y OR N
  - BLACK SKIN OR BLACK SPOTS Y OR N
  - NEEDS NAILS TRIMMED (DEBRIDEMENT) Y OR N
  - DOES THE PATIENT NEED/WANTS TO ORDER SHOES Y OR N
- **INGROWN** Y OR N  
IF YES: IS THERE DRAINAGE, HOT TO THE TOUCH, RED, SWOLLEN, FEVER, HOW LONG
- **PAIN IS WHERE:**
  - IN HEEL Y OR N
  - ARCH Y OR N
  - BALL OF FOOT Y OR N
  - TOES Y OR N
- IF YES WHICH TOE(S) (1<sup>ST</sup>, 2ND, 3RD, ETC.... DIGITS) WHERE ON THE TOE(S)
- **BOTTOM, SIDE, TOP**
- **WHAT KIND OF PAIN:**
  - THROBBING Y OR N
  - DULL Y OR N
  - ALL DAY Y OR N
  - FIRST THING IN THE AM Y OR N
  - WARTS Y OR N
  - CORNS Y OR N
  - CALLOUS Y OR N
- **DURATION:**
- **DR OFFICE CALLING OR REFERRAL DEPT** Y OR N  
Be sure to get name of Dr Office they are calling from
- **PT CAN PRINT OFF NEW PATIENT PAPERWORK AT [CKPA.NET](http://CKPA.NET); OR SEND OUT A WELCOME LETTER VIA EMAIL**
- **OR SEND IT TO THE PATIENT IN THE MAIL (REQUIRES GETTING AN ADDRESS FROM THEM)**