

Phone questions

Are you a new or existing patient

Which office would you like your appointment?

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 eligibility phone number**

If patient is not insurance holder: name and DOB of INS holder

- **Secondary ins**
- **Insurance id#**
- **Group #**
- **Insurance customer service or eligibility phone number**

If patient is not insurance holder: name and dob of ins holder

- **Email address**
- **Employer**
- **Primary care physician y or n**
- **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 located 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) (1st , 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; or send out a welcome letter via email**
- **Or send it to the patient in the mail (requires getting an address from them)**