**www.AustinPodiatryHouseCalls.com**

 **by Dr. Joshel Brown**

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**Intake Form**

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Patient Name:

Street Address:

City:

Zip Code + 4: -

Phone Number:

Are texts ok? (Mobile #?):

E-Mail Address:

Typical Wake-up Time:

Referring Source:

Referring Source Phone:

Referring Source Fax:

Primary Care Physician:

* Primary Care Physician Phone:
* Date Last Seen: (this is needed for Medicare to cover visit)

Patient Date Of Birth:

Social Security #:

Primary Insurance Name:

* ID #:
* Group #:
* Primary Insurance Phone #:

Secondary Insurance Name:

* ID #:
* Group #:
* Phone #:

**Is your insurance a Medicare Advantage plan?**

Medical Conditions:

Medications:

Food and Drug Allergies:

What foot conditions would you like treated?