



2681 Gattis School Rd Ste 220
Round Rock, TX 78664
P: 512-843-0770
F: 512-843-0648

Patient Demographics

Name (First Middle Last): _____

Home Address: _____ City: _____ State: ____ Zip: _____

DOB: _____ Age: ____ Gender: _____ Relationship to Patient: _____

Primary Care Provider

Primary Care Physician: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Contact Information

Phone: _____ Cell Work Home

Email: _____

Pharmacy Information

Pharmacy: _____

Address: _____ City: _____ State: ____ Zip: _____

Insurance Information

Self-Pay: Yes or No *** If Yes, skip section ***

Primary Insured Name: _____ DOB: _____

*** Please skip section below if you have provided us with a copy of your insurance card ***

Primary Insurance Company Name: _____

Type: HMO PPO Other: _____

Policy Number: _____ Group Number: _____

Secondary Insurance Company Name (If Applicable): _____

Type: HMO PPO Other: _____

Policy Number: _____ Group Number: _____



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Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Release of Personal Health Information:

Name: _____ Relationship: _____ Phone: _____

I authorize the above-named individual to receive and discuss personal health information from the provider and other staff members at Varni Foot and Ankle Care, PLLC. You may remove the name of this individual at any time with a written request.

Patient Name

Signature

Date

How Did You Hear About Us? _____