

Foot Care Associates of Texas

Dr Michael Wynn

23972 A Hwy 59 North Kingwood, TX 77339

Chart Number _____

Patient Name _____ Gender M F
First Middle Last

Address _____

City/St/Zip _____

SSN _____ Date of Birth ____/____/____

Email _____ Marital Status M S D W

Home Phone: _____ Work _____ Cell _____

Height _____ Weight _____ Shoe size _____

Primary language _____

Race American Indian/Alaskan Native Asian Hispanic or Latino

Native Hawaiian or Other Pacific White Black or African American

Patient Employer _____ Occupation _____

Who can we notify about your appointments and release?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Primary Physician _____ Last Date Seen ____/____/____

Former Podiatrist _____

How did you hear about us? Insurance Internet Sign Phone book Patient Other

If referred by a Doctor, whom may we thank? _____

Patient Name (print) _____ Signature _____

Parent or Authorized Representative (print) _____ Date _____