

Dr. Percy Lee Nelson
21110 Biscayne Blvd. Suite # 201
Aventura, FL 33180
Phone: (305) 466-9498
Fax: (305) 466-9698

Surgery of the Foot and Ankle
Trauma and Reconstruction of the Lower Leg
Pediatric Flat Foot Reconstruction
Podiatry Surgery and Medicine
Wound Care
Diabetic Limb Salvage

New Patient Information Forms:

Date: ____/____/____

Name: Mr./Mrs./Ms. Last: _____ First: _____

Age: ____ Sex: M/F ____ DOB: ____/____/____ SS # ____/____/____

Phone: (____) ____-____ Cell Phone: (____) ____-____

Address: _____

City: _____ State: _____ Zip: _____

Work Information:

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____-____ Fax: (____) ____-____

Emergency Contact Person:

Name: Last _____ First _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ - _____ Cell Phone: (_____) _____ - _____

Insurance Information:

Name: _____ Policy Number: _____

Person who is responsible for the bill: _____

I, the undersigned certify that I (or my Dependent) have insurance coverage with _____ and assign directly to Dr. Percy Nelson, P.P.M. PA all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of the signature on all insurance submissions:

Patient Signature: _____

Date: ____/____/____

Patient Medical History:

Chief Complaint: _____

Past Medical History:

Illness: _____

Allergy: _____

Medication: _____

Surgery History: _____

Hospital Visit: _____

Family History:

Family Illness: _____

Social History:

Smoke: _____
Alcohol: _____
Coffee: _____