

# Harold D. Sterling, D.P.M., P.C.

Board Certified Podiatric Surgeon

Fellow, American College of Foot and Ankle Surgeons  
Diplomate, American Board of Podiatric Surgery

6452 Millennium Dr., Ste 130  
Lansing, MI 48917  
Phone 517-321-1199  
Fax 517-321-1117

Date:						Patient Information					
Last Name			First name			M.I.	Date of Birth / /		Social Security Number - -		Sex
Home Address					City			State	Zip Code		
Home Phone ( )			Work Phone ( )			Cell Phone ( )					
Email address			Race White( ) Black or African American( ) Asian( ) American Indian or Alaska Native( ) Native Hawaiian or other Pacific islander( ) Refuse to report/Unreported( )								
Ethnicity Hispanic or Latino( ) Non-Hispanic or non-Latino( ) Refuse to report/Unreported( )			Language English( ) French( ) German( ) Japanese( ) Mandarin( ) Russian( ) Spanish( ) Other( )								
Employment Status Employed( ) Full Time Student( ) Part Time Student( ) N/A( )			Occupation/Employer Name								
Marital Status Single( ) Married( ) Divorced( ) Widowed( ) Other( )			Name of Spouse								
Responsible person/Guardian				Relation to patient							

In Case of Emergency Call		
Emergency Contact Not Living with You		
Relation to Patient	Home Phone ( )	Other Phone ( )

Primary Care Physician Information				
Last Name	First Name		City	State

Primary Health Insurance Information			
Primary Health Insurance			
Name of Policy Holder	Relationship to Patient	Date of Birth / /	Sex

Secondary Health Insurance Information			
Primary Health Insurance			
Name of Policy Holder	Relationship to Patient	Date of Birth / /	Sex

Privacy Information Preferences	
Do you want to be exempt from public reporting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we send mail to the address on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can we call the phone number on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we leave voicemail on machine? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you allow us to send internet based (e-mail) delivery of reminders and newsletters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who can we leave messages with? <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Daughter <input type="checkbox"/> Son Name(s): _____	