Michael Bess, D.P.M.
Palm Beach County, Florida
Phone: (561) 351-3668 Email: drbess304@gmail.com

Name: _____ Date: _____

S.S. # _____ - _____ - _____ Date of Birth: _____

Local Address: _____

Alternate Address: _____

Home Phone: _____ Cell phone # _____

Email: _____ Emergency Contact info: _____

Marital status: ( ) single ( ) married ( ) divorced ( ) widow

Occupation: _____ Who referred you? _____

Primary Insurance: _____ ID # _____

Effective date: _____

Secondary Insurance: _____ ID # _____

Primary Physician: _____ Phone # _____

Pharmacy: _____ Phone # _____

Chief Complaint, prior treatment: _____

_____

_____

Allergies/type of reaction: _____

_____

Medications: _____

_____

_____

Chief Complaint, prior treatment: _____

_____

_____

Medications: _____

_____

_____

General surgical history: _____

_____

Current/former smoker? _____How much per day? _____ Years since quitting? _____

History of alcohol consumption: ____ Mild _____ Moderate _____ Regularly

Please circle all that apply:

Diabetes	Arthritis	Stroke	Cancer
Kidney dis.	Heart dis.	Thyroid dis.	Eye dis.
Hypertension	Blood clots	Respiratory dis.	Leg cramps
HIV/STD	GI disease	Anemia	Poor circulation
Liver ds.	Varicose veins	Neurological	* other *

Any appointment missed or canceled without 24 hour notice is subject to a $50.00 Cancellation fee. Any returned check is also subject to a $35.00 returned check fee.
I authorize this office to release any information necessary to expedite insurance claims.
I understand that I am responsible for all charges regardless of insurance coverage.

Patient or authorized signature: _____ date: _____