



Black Warrior
 Foot & Wound Center
 DR. ARASH ARABI
 1325 McFarland Blvd. Ste 209
 Northport, Alabama 35476
 Phone # (205) 464-9619
 Fax#(205) 464-9646

Insurance Information

Primary Insurance *(Please provide copy of card)*

Identification Number

Policy#: _____ Group#: _____ Effective Date: _____

Insured Name: _____ Employer: _____

Date of Birth: _____ SS#: _____ Relationship to patient: _____

Secondary Insurance Name *(Please provide copy of card)* Plan HMO PPO Other: _____

Policy#: _____ Group#: _____ Effective Date: _____

Is there a co-pay required for you insurance?: **Y or N** If yes, amount: _____

Is a referral required by your insurance for today's visit?: **Y or N**

Name/Phone of Primary Physician: _____

Whom may we thank for referring you to our practice? _____

How did you hear about Dr. Arabi?

- Google Website Facebook Patient or Friend
- Other (please specify):

Name: _____



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Medical History

(Please fill out ALL sections)

All orthopedic past complaints and any pertinent family history for each category:

Foot: _____

Ankle: _____

Knee: _____

Hip: _____

Back: _____

Reason for Visit Today : _____

Foot Pain Specifically:

Type: _____

Duration: _____

Location: _____

Date first foot pain symptoms occurred: _____

Previous Treatment by others Physicians: _____

Past Medical/ Surgical History

Please list any serious illnesses (Diabetes, Blood Pressure, etc), hospitalizations and/or operations you have had:

