Southern Tier Podiatry
~ Dr. Marilyn Boyuka ~

Patient Information

Patient Name:____

Gender: Female / Male   Date of Birth: ___/____/______   SSN: _____-_____-_______

Responsible Party (If other than patient): ______________________________

Responsible Party's SSN:_______________________ Date of Birth_____________

Employer :__________________________Work Phone: (_____)______-__________

- It is / is not (circle one) alright to contact me at my work number.

My Primary Care Doctor is:_________________________ Phone # _____________________

Date Last Seen By Primary Care Doctor: ______________

My Preferred Pharmacy for Prescriptions is: __________________

Contact Info for Patient/Responsible Party

Home Phone: (_____)______-_________ Cell Phone: (_____)_______-__________

Email: _________________ @_______________

*I Prefer to be Contacted by : email / home phone / cell phone

*I would / I would not (circle one) like to be sent appointment reminders by text message.

Street: ____ Apt: __________

City: ____________________________ County: __________________________

State: _______ Zip: __________

Demographics

Ethnicity (check one)

- o Hispanic
- o African/African American
- o Asian/Asian American
- o Caucasian/European American
- o Native American/Native Alaskan
- o Native Hawaiian/Other Pacific Islander
- o Other

Preferred language if other than English: _______________________________