



SKAGIT FOOT & ANKLE CLINIC

Dr. Nicholas Chang, DPM

1617 E Division St, Mount Vernon, WA 98273

1917 Commercial Ave, Anacortes, WA 98221

Phone: (360) 424 – 7018 Fax: (360) 424 – 5969

NEW PATIENT REGISTRATION

Date: _____

Name (Last, First, MI): _____

Preferred Name: _____ DOB: _____

Gender: _____ Marital Status: _____ SSN: _____

Address: _____

Phone: (Home) _____ (Cell) _____

E-mail: _____

Emergency Contact Name & Phone: _____

Primary Care Provider: _____ Referred by: _____

Preferred Pharmacy & City: _____

Reason for Visit (Right/Left/Both): _____

Duration and Characteristic of Condition: _____

Pain Scale: No Pain – 0 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 – Severe Pain

If someone other than patient is responsible for payment, then please complete the following:

Responsible Party: _____

Relationship: _____ Phone: _____
