

**Gavilan Foot Care Centers**  
**Kaveh Akhbari DPM, PC**  
**80 W Fifth St**  
**Gilroy CA, 95020**

Patient's Name, \_\_\_\_\_  
Last First Middle Int. Husband/Wife Name

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Marital Status S  M  D  W

\_\_\_\_\_  
If minor, name of parent or guardian

\_\_\_\_\_  
Relationship to minor

\*Race \_\_\_\_\_ \*Ethnicity \_\_\_\_\_ \*Nationality \_\_\_\_\_  
(i.e White, Asian, African-American, etc.) (i.e Non-Hispanic, Latino, etc.) (i.e American, Mexican, British, etc.)

\*Optional

Patient's Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Patient e-mail address: \_\_\_\_\_

\_\_\_\_\_  
Occupation- Patient (parent if minor) Employer Address Work Phone #

\_\_\_\_\_  
Occupation- Husband/Wife Employer Address Phone

\_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
By Whom were you referred? \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Who is your Physician? \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
What is your foot problem? \_\_\_\_\_

\_\_\_\_\_