



2000 ESTERB RD.  
# 104 IRVING, TX 75061

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DIVINE FOOTCARECENTER@YAHOO.COM

**DIVINE FOOTCARE CENTER INC.**

There may be 2-7 days waiting period on availability and location

**PATIENT INFORMATION**

NEW/ESTABLISH      MALE/FEMALE      LAST DOS: \_\_\_\_\_      MAPSCO: \_\_\_\_\_  
PATIENT NAME: \_\_\_\_\_      DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_      APT/RM#: \_\_\_\_\_  
APT OR FACITL NAME: \_\_\_\_\_  
CITY: \_\_\_\_\_      ZIP CODE: \_\_\_\_\_      HM/CEL PHONE: \_\_\_\_\_  
SS#: \_\_\_\_\_      DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
REFERRAL  
CALLED IN BY: \_\_\_\_\_      RELATION: \_\_\_\_\_      PHONE: \_\_\_\_\_  
DIABETIC OF NON DIABETIC      SHOE SIZE: \_\_\_\_\_      DIAGNOSIS: \_\_\_\_\_

\*\*Our services are reserved for patients that 1) meet necessary requirements under guidelines, and 2) are homebound or have extreme difficulty getting into an office.\*\*

IS THE PATIENT HOMEBOUND? Y/N      REASON: \_\_\_\_\_      Other Medical Issues: \_\_\_\_\_  
SPECIAL NOTES: \_\_\_\_\_      DIALYSIS DAYS: \_\_\_\_\_  
PATIENT NEEDS(CHECK ALL THAT APPLY): \_\_\_NAILS\_\_\_ CORN/CALLUS \_\_\_WOUND/ULCER\_\_\_ FUNGUS  
\_\_\_CANES\_\_\_ WALKER \_\_\_WHEELCHAIR\_\_\_ DM SHOES

**PCP INFORMATION**

PRIMARY PHYS: \_\_\_\_\_      PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_      FAX: \_\_\_\_\_  
CITY: \_\_\_\_\_      ZIP: \_\_\_\_\_      NPI#: \_\_\_\_\_

**INSURANCE INFORMATION**

MEDICARE #: \_\_\_\_\_      MEDICAID #: \_\_\_\_\_  
PLEASE INCLUDE THE LETTER  
SECONDARY INSURANCE: \_\_\_\_\_      POLICY#: \_\_\_\_\_  
GROUP: \_\_\_\_\_

**HOME HEALTH INFORMATION**

HOME HEALTH OR  
OTHER AGENCY: \_\_\_\_\_      PHONE#: \_\_\_\_\_  
FAX#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_      CITY: \_\_\_\_\_      STATE: \_\_\_\_\_      ZIP: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_      PHONE: \_\_\_\_\_