



LONE STAR
ALLIANCE
A RISK RETENTION GROUP

PODIATRY QUESTIONNAIRE FOR PROFESSIONAL LIABILITY COVERAGE

Please return the questionnaire within 14 days

Policy Number: _____

First name: _____ Middle name: _____ Last name: _____

Male Female License # and State: _____

Professional email address: _____ Office phone: _____

Section 1 - General Information

1. Which residency program have you completed?

Podiatric Medicine and Surgery Residency (PMSR)

Podiatric Medicine and Surgery Residency including Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA)

2. Are you currently board certified?

Yes No

Board Name: _____ Year: _____

3. Have you ever failed to pass a board exam?

Yes No

4. Are you currently a member of any podiatry association or society?

Yes No

If yes, name: _____

5. Is laser therapy utilized in your practice?

Yes No

If yes, please list the laser procedures: _____

6. Please check any of the following procedures you perform:

Diagnostic/Therapeutic Injections Cysts and other Benign lesions Ankle joint/lower leg surgery

Nail related procedures Minimal incision foot surgery Tendon transfer surgery

Abscess incision and drainage Joint implants or other prosthesis Achilles tendon surgery

Bunion surgery Other: _____

7. Is a written Informed Consent obtained from the patient prior to the procedure?

Yes No

(Please include a copy of the Informed Consent form)

8. Do you utilize specific screening procedures to determine the appropriate candidates for surgery?

Yes No

Section 2 – Surgical/Anesthesia

9. Facility Name: _____ Office/Clinic Surgical Center Hospital

10. Please indicate the type(s) of anesthesia provided:

- Oral Intramuscular Sedation Intravenous Sedation General Anesthesia
- Tumescant Anesthesia Other _____

11. In case of an emergency please check all types of basic life support/resuscitative equipment available:

- Crash Cart Defibrillator ER Pharmaceutical Kit Oxygen Mask Pulse Oximeter
- Other: _____

I hereby warrant and represent that the foregoing information is true and correct. I understand and agree that this questionnaire and the statements therein become a part of the policy. I further understand and agree (1) that any policy shall be issued in reliance upon the warranties and representations made herein; (2) if this questionnaire contains any false statements, the intent to deceive will be presumed; (3) any false statement or concealment will void all coverage.

Signature: _____

Printed Name: _____ Date Signed: _____