WELCOME TO OUR OFFICE!

PLEASE PRINT

Name _____ Age _____ Male _____ Female _____
(First) (Last)

Home Address: _____ Apt. _____ City _____ Postal Code _____

Cell Phone _____ Business Phone _____ Home Phone _____

Email _____ Birth Date _____ Miss___ Ms___ Mrs.___ Mr.___ Dr. ___
(Day Month Year)

Occupation _____ Family Physician _____

Physician's Phone Number _____ Date of last visit to Family Doctor _____

Medical Insurance (Extended Health Care)? No___ Yes ___ Name of Insurance Company _____

If patient is a minor, name of person responsible for patient:

_____ Relationship to Patient _____

My Foot problems involve my

_____ Left Foot

_____ Right Foot

_____ Both Feet

Briefly describe your Current Foot Problems

_____

_____

_____

MEDICAL INFORMATION

1. How is your general health? Good ❒ Fair ❒ Poor ❒
2. Are you subject to prolonged bleeding after tooth extractions or cuts? Yes ❒ No ❒
3. Females – Are you Pregnant? Yes ❒ No ❒
4. Have you ever been treated for any of the following?

	YES	NO		YES	NO		YES	NO		YES	NO
COVID-19	❒	❒	Polio	❒	❒	Shortness of Breath	❒	❒	Stomach Ulcer	❒	❒
Diabetes	❒	❒	Difficulty in healing	❒	❒	Any heart trouble	❒	❒	Kidney Problems	❒	❒
Gout	❒	❒	High Blood Pressure	❒	❒	phlebitis	❒	❒	Epilepsy	❒	❒
Cancer	❒	❒	Low Blood Pressure	❒	❒	Varicose Veins	❒	❒	Liver Problems	❒	❒
Arthritis	❒	❒									

5. Are you subject to nervous disorders, fainting or dizziness? Yes ❒ No ❒
6. Are you taking any medicine at the present time? Yes ❒ No ❒
   If yes, please list _____
7. Have you been to a foot specialist before? Yes ❒ No ❒
   If yes, please describe outcome _____
8. Have you had any previous foot surgery? Yes ❒ No ❒
   If yes, please describe outcome _____
9. Have you ever worn custom made orthotics? Yes ❒ No ❒
10. Are you allergic to any of the following? (Check if YES)
    Penicillin ❒ Aspirin ❒ Cortisone ❒ Any Anesthetic ❒ Other ❒ _____
    Tape ❒ Codeine ❒ Any antibiotic ❒ Latex ❒
11. Is there any other information about your health which we should know? Yes ❒ No ❒

_____

Who may we thank for referring you to this Office?

Name _____ Address _____

We appreciate your cooperation. THANK YOU.