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.