

WELCOME TO OUR OFFICE - please fill out the form in it's entirety

LAST NAME		FIRST NAME		MIDDLE INITIAL	TODAY'S DATE
SPOUSE'S NAME, PARENT'S OR GUARDIAN'S NAME IF PATIENT IS A MINOR				DATE OF BIRTH	AGE
RESIDENCE ADDRESS		CITY	STATE	ZIP	MARITAL STAUUS SINGLE MARRIED WIDOWED DIVORCED
HOME PHONE		SOCIAL SECURITY NUMBER			
NAME OF EMPLOYER		OCCUPATION		BUSINESS PHONE	
WHOM MAY WE THANK FOR REFERRING?			ADDRESS		
EMERGENCY CONTACT (NAME, PHONE, ADDRESS)				RELATIONSHIP	
IF OTHER THAN PATIENT, NAME AND ADDRESS OF PERSON RESPONSIBLE FOR THIS ACCOUNT					
LIST ANY MEDICAL CONDITIONS FOR WHICH YOU HAVE BEEN HOSPITALIZED					
NAME OF PHYSICIAN		PHONE		ARE YOU CURRENTLY UNSER A PHYSICIAN'S CARE? YES NO	
IF YES, FOR WHAT?			MAY WE CONTACT YOUR PHYSICIAN FOR YOUR HEALTH RECORDS? YES NO		
HAVE YOU PREVIOUSLY BEEN TREATED BY A PODIATRIST? YES NO		WHEN		FOR WHAT:	
MY PRIMARY COMPLAINT IS:					
CONDITION(S) HAS EXISTED FOR:	DAYS	WEEKS	MONTHS	YEARS	
WHAT MEDICATIONS DO YOU TAKE REGULARLY?					

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING: (*DO NOT KNOW)

ARE YOU ALLERGIC OR SENSITIVE TO:

	YES	NO	DNK		Y	N	DNK		Y	N	DNK		Y	N	DNK
FOOT OR LEG INJURIES				DIABETES				ANEMIA				NOVOCAINE			
FOOT OR LEG SURGERY				HEART TROUBLE				GOUT				PENICILLIN			
FOOT OR LEG CRAMPS				EPILEPSY				FAINTING SPELLS				ADHESIVE TAPE			
FOOT OR LEG NUMBNESS				LIVER DISEASE				BLEEDER				MATERIALS			
KNEE PAIN				KIDNEY DISEASE				BLOOD DISEASE				DRUGS			
UNEQUAL LEG LENGTH				RHEUMATIC FEVER				CIRCULATION PROBLEMS				FOODS			
WEAK ANKLES				HIGH BLOOD PRESSURE				HARDENING OF THE ARTERIES				CODEINE			
BUNIONS				POLIO				VARICOSE VEINS				ASPIRIN			
FOOT SKIN PROBLEMS				BURSITIS				ARTHRITIS				SULFA			
TOE NAIL PROBLEMS				STOMACH ULCERS				CANCER				OTHER (IF SO DESCRIBE)			
LOW BACK PAIN				ASTHMA				PRONE TO INFECTION							

I HEREBY GIVE DR. _____ PERMISSION TO EXAMIN AND TREAT MY FEET.

PATIENT'S, PARENT'S OR GUARDIAN'S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

	R	L		R	L
F. VARUS			T. VARUM		
F. VALGUS			ANKLE		
EQU			HEEL VARUS		
GENU VALG/VAR			HEEL VALGUS		

DORSAL	R	1 2 3 4 5	PULSES	R	L
	L	1 2 3 4 5	DP	0 1 2 3 4	0 1 2 3 4
			PT	0 1 2 3 4	0 1 2 3 4
PLANTAR	R	1 2 3 4 5	CFT	1 1 2 3 4	1 1 2 3 4
	L	1 2 3 4 5	OTHER		

