

Cedar Grove

Foot & Ankle Specialists

Matthew F. Wachtler, DPM
Fellow, American College of Foot & Ankle Surgeons

Zina B. Cappiello, DPM
Fellow, American College of Foot & Ankle Surgeons

886 Pompton Ave, Suite #A-1, Cedar Grove, NJ 07009
Phone # 973-857-1184 Fax # 973-857-3114

Patient Name: _____ **Date of Birth:** _____ **Today's Date:** _____

Reason for today's visit: _____

Height _____ **Weight** _____ **Shoe Size** _____

Primary Care Physician: _____

Pharmacy Name, Location, Number: _____

Allergies to medication: _____

Current medications: _____

Past Medical History: *Please LIST ALL Medical Conditions (ex: High Blood Pressure, Cholesterol, Heart Disease, Diabetes, Liver Disease, Kidney Disease, Hepatitis, HIV, Thyroid disorder, any other medical conditions):*

If you are Diabetic: (circle) Type I / Type II How Long have you been Diabetic _____

Do you take Insulin? _____ How much and when? _____

Past Surgical History: _____

Family Medical History (Cancer, Heart Disease, Diabetes or other medical conditions):

Father: _____

Mother: _____

Brother: _____ **Sister:** _____

Current Smoker (circle): Yes / No **Former Smoker** (circle): Yes / No

- How many packs per day: _____ For how many years: _____

Do you drink alcohol (circle): Never / Occasionally / Daily

How did you hear about our office? (circle): Doctor (name) _____ / Friend / Insurance / Internet / Other _____

Emergency Contact Name: _____ **Number:** _____

Patient Signature: _____