

## WELCOME TO OUR OFFICE

Last Name:		First Name:		Mi	Date Of Birth:
Home Address:			City	State	Zip
Social Security Number:					
Email Address:		Home phone:		Cell phone:	
Spouse's Name/or Parent's/Guardian Name if patient is a minor:				Marital Status:	
Name of Employer:		Work phone number:		Occupation/Business Address:	
Whom may we thank for referring you?		Did you find us in the Internet? (if so please check where)			
		<input type="checkbox"/> Google <input type="checkbox"/> MSN <input type="checkbox"/> Insurance Web site <input type="checkbox"/> Other			
Name and address of person to contact in case of emergency:			Phone:		Relationship:
Do you Have Medical Insurance? Yes      No		Name of Insurance Company		Policy I.D. Number:	
Patient Relationship to Insured Self   Spouse   Dependent		Secondary Insurance Name if Any		Secondary Policy I.D. Number:	
Name of Family Physician:		Phone Number:		List any conditions you may have:	
Have you had previous treatment By a Podiatrist? Yes   NO		How long ago?		For What?	
What is your Chief Foot Complaint?					
List all medications taken regularly or provide a copy of a list of your medications:					
Do you have, or have you had any of the following? (Please Check All That Apply)					
Foot or Leg Injuries____ Foot or Leg Surgery____ Foot or Leg Cramps____ Foot or Leg Numbness____ Knee Pain____ Unequal Leg Length____ Weak Ankles____ Bunions____ Foot Skin Problems____ Prone to Infection____	Diabetes____ Heart Trouble____ Epilepsy____ Liver Disease____ Kidney Disease____ High Blood Pressure____ Polio____ Bursitis____ Stomach Ulcers____ Varicose Veins____	Lower Back Pain____ Asthma____ Stomach Ulcers____ Anemia____ Gout____ Fainting Spells____ Bleeder____ Blood Diseases____ Circulation Problems____ Arthritis____	<b>Are you Allergic/Sensitive to:</b> Novocain____ Penicillin____ Adhesive Tape____ Latex____ Drugs or Foods of any kind____		
I Herby give Dr. _____ permission to examine and treat my feet.					
Patient's and/or Parent's/Guardian's Signature_____				Date:_____	