Healthy Feet Podiatry

WE ARE VERY PLEASE TO HAVE YOU WITH US! Please answer the following questions to help us become acquainted.

Date______________ **How did you hear about us? (Be Specific Please)** _______________________________________

First Name _____________________ Last Name ____________________ Middle _____ Age ______ Birthdate ____/____/_____

Sex: M F SS# ________________ HT. ______ WT. ______ Employer Name ____

Home Address _________________________________ City _____________________________ State _________ Zip ____________

Home# ( )____________________ Cell# ( )_________________________ **EMAIL:** ___________________________________

Name of Parent (if minor) __________________________ Emergency Contact, Relationship &Number________________________

Primary Care Physician Name ____

PCP Phone # _____________________________ **Date last seen by PCP** ____

Pharmacy/Location____ Phone: _________________________________

MEDICATIONS: **NONE** ☐ **ATTACHED** ☐

Diabetes	Stomach Ulcers	Bleeding Disorders
High Blood Pressure	Liver Trouble	Osteoporosis/Weak Bones
Rheumatic Fever	Leg Cramps	Cancer
Kidney Trouble	RSD/CRPS	MRSA Infection
Circulation Problems	Asthma	Arthritis
Substance Abuse	Stroke	Blood Clots
Heart Trouble	Nerve Disorders/Neuropathy	Autoimmune Problems
Hepatitis	Fractures (broken bones)	Anesthesia Problems
Gout	Bleeding After Surgery	**NONE**
OTHER_____________________		

PERSONAL HISTORY- PAST MEDICAL HISTORY If you have, or have had, any of the following, please check:

Drug Allergies/Previous Surgeries:

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Alcohol: YES or NO **Tobacco: YES or NO**

ATTEST

I do hereby attest that this information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of any material fact may subject me to al fees for services and/or other liability. I also understand that I am to notify Healthy Feet Podiatry immediately of any changes to the above information and annually upon the office's request.

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Patient Name Printed **Patient Signature/Parent/Guardian/POA** **Date**