

Patient Information:

Patient Name: _____		DOB: _____		Today's Date: _____	
Address: _____		City: _____		State: _____ Zip: _____	
Phone: _____		SSN: _____		PCP: _____	
Preferred Language: _____		Ethnicity: _____		Race: _____	
Marital Status: _____		Height: _____		Weight: _____	
Email: _____		Insurance: _____		ID#: _____	
Emergency Contact: _____		Relationship: _____		Phone: _____	
Preferred Pharmacy: _____		Phone: _____		Address: _____	

Select any of the following medical conditions that you currently have or have had:

☐ None	☐ Coronary Artery Disease	☐ HIV/AIDS	☐ Breast Cancer
☐ Anxiety Disorder	☐ Depression	☐ High Cholesterol	☐ Colon Cancer
☐ Arthritis	☐ Diabetes	☐ Hyperthyroidism	☐ Prostate Cancer
☐ Asthma	☐ High Blood Pressure	☐ Hypothyroidism	☐ Radiation Therapy
☐ Atrial Fibrillation	☐ End Stage Renal Disease	☐ Hepatitis	☐ Bone Marrow Transplant
☐ Benign Prostatic Hyperplasia	☐ Epilepsy	☐ Leukemia	☐ Other
☐ Cerebrovascular Accident	☐ GERD	☐ Lymphoma	
☐ COPD	☐ Hearing Loss	☐ Lung Cancer	

Select any of the following surgeries you have had:

☐ None	☐ Cholecystectomy (Gall Bladder)	☐ Pancreatectomy
☐ Abdominoperineal Resection	☐ Colectomy	☐ Kidney Stone
☐ Bilateral Knee Replacement	☐ Liver Excision	☐ Portosystemic Shunt Operation
☐ Biopsy: Breast	☐ PTCA	☐ Prostatectomy
☐ Biopsy: Prostate	☐ Tissue Graft Heart Valve Replacement	☐ Appendectomy
☐ Coronary Artery Bypass Graft	☐ Cystectomy	☐ Splenectomy
☐ Kidney Transplant	☐ Transurethral Prostatectomy	☐ Biopsy: Skin
☐ Excision: Skin Cancer	☐ Hysterectomy	☐ Nephrectomy
☐ Biopsy: Kidney	☐ Orchidectomy	☐ Low Anterior Resection of Rectum
☐ Colostomy	☐ Lumpectomy (Breast)	☐ Tubal Ligation
☐ Knee Replacement: Left Right	☐ Oophorectomy	☐ Mechanical Heart Valve
☐ Mastectomy: Breast Left Right	☐ Liver Transplant	☐ Heart Transplant
☐ Hip Replacement: Left Right	☐ Other	

Select any of the following medical conditions that you currently have or have had:

☐ None	☐ Acquired Cavus Deformity of foot	☐ Acquired Pes Planus
☐ Amputation	☐ Ankle Ulcer	☐ Bone Tumor
☐ Chronic Pain	☐ Deep Vein Thrombosis	☐ Dystrophia Unguium
☐ Foreign Body	☐ Fracture of Bone	☐ Gangrenous Disorder
☐ Hallux Valgus	☐ Laceration Injury	☐ Localized Infection
☐ Neoplasm of soft tissue	☐ Neuroma of Foot	☐ Osteoarthritis
☐ Peripheral Nerve Disease	☐ Peripheral Vascular Disease	☐ Plantar Fasciitis
☐ Gout	☐ Recurrent Falls	☐ Rheumatoid Arthritis
☐ Rupture or Achilles Tendon	☐ Sprain: lateral ligament of ankle joint	☐ Ulcer of foot
☐ Other:		

[illegible]

51-úŠ

!Ōly2øtŠRĚŠ 2Ŧ wŠŌŠLJú 2Ŧ b2úŌŠ 2Ŧ tNŌŌl-Ōè tNl-ŌúŌŠă		
L l-Ōly2øtŠRĚŠ úKl-ú L Øl-ă LJN2ŌŕŠŠŕ l-Ō2LJè 2Ŧ úKŠ b2 ŌŠ 2Ŧ tNŌŌl-Ōè tNl-Ō ŌŠă l-yŕ ūKl-ú L Kl-ŌŠ NŌŠl-ŕ ó2N Kl-ŕ úKŠ 2LJLJ2NúdzYŕúè ú2 NŌŠl-ŕ ŕŦ L ä2 ŌK22ăŠú l-yŕ dzyŕŠNúŕl-yŕ ūKŠ b2 ŌŠð		
t l-tiŠyú b l-YŠ	t l-tiŠyú {l-èYl-údzNŌŠ	5l-úŠ
t l-NŌŠyú 2N !dzúK2NŌŕŠŕ wŠLJNŌŠăŠyŕl- ŌŠ <i>If applicable</i>		

l l t ! ! 5lăŌf2ădzNŌŠ C2N Y		
t l-tiŠyú b l-YŠ	5h . Y	
! ŕŕNŌŠăŕ	/lúèY	{ú l-úŠY ½LJY
tK2yŠ b dzYŌŠNŌY		
LΣ I ŠNŌSŏè l-dzúK2NŌŕŠŕ 5N w2ðl-yú2 NŌŠtŠl-ăŠ Y-è YŠŕl-Ōl-f ŕYŦ2NŌYl- 2Y ó l-LJLJ2ŕYŕYŠyŕăš Ŧl-ŏăkÈŦNŌl-è NŌŠădzŦúăš ŕŕl-èY2ăŕăš ūNŌŠl-úYŠyŕăš YŠŕŕŌl- 2yăš ädzNŌŠNŌŠăš ŠúŌú Øŕl- LJ2ăú l-f Yl-ŕŦ ŭŠŦŠLJK2yŠΣ Ŧl-ÈŠ 2N ŠYl-ŕŦ ū2 ūKŠ Ŧ2Ŧ2ðŕYŕ Ŧl-YŕŦè YŠYŌŠNŌăY		
b l-YŠY	5h . Y	wŠŦl- 2yăKŌLJY
b l-YŠY	5h . Y	wŠŦl- 2yăKŌLJY
b l-YŠY	5h . Y	wŠŦl- 2yăKŌLJY
b l-YŠY	5h . Y	wŠŦl- 2yăKŌLJY
t l-tiŠyú {l-èYl-údzNŌŠY		5l-úŠY

±l-ãðdzfl-lw 5lãŠl-ãŠ {dzlŰŠè			
mφ	52 è2dz ŠÈLJŠNŰŠyŰŠ l-yè LJl-ly2y è2dzNw fŠã 2Nw fŠŠú ŰKlŰŠ l-ú NlŠãúK	☐ ,Šă	☐ b2
hφ	52 è2dz Kl-ŰŠ dzyŰ2Yf2NŰl-ŰfŠ l-ŰKly3 f l- 3dzŠ 3y3ly3 ŰNl-YLJly3 2Nw LJl-ly è2dzNw fŠŠú Űl-fŰŠã 3dz 2ŰlãŠ KAlJ 2Nw úKl3K ŘdzNly3 ŠÈŠNŰlãly3K	☐ ,Šă	☐ b2
oφ	l f èŠã ú2 ljdžŠã 2y HŠ Ř2Šã úKlã LJl-ly3 l-Űl-è ŰKŠy è2dz áú2LJ Űl-fly3KŠÈŠNŰlãly3K	☐ ,Šă	☐ b2
nφ	52 è2dzNw fŠŠú 3Šú LJl-fŠŠ ŘlãŰ2f2NwŠŘ 2Nw ŰfdzłãK l-ú l-yè YŠ 2f úKŠ Řl-èK	☐ ,Šă	☐ b2
pφ	52 è2dz Kl-ŰŠ l-ylyfŠŰ 2yŠ ãly Ű2dzyŘ 2Nw dzfŰŠNw 2y è2dzNw fŠã 2Nw f22ú úKl-ú lã áf2Ű ú2 KŠl-f 2ŰŠNw úKŠ LJl-ãú y ú2 mH ŰŠŠlãK	☐ ,Šă	☐ b2
cφ	! NlŠ è2dz cp èŠl-Nlã 2f l-3Š 2Nw 2fŘŠNwK	☐ ,Šă	☐ b2
tφ	! NlŠ è2dz pl èŠl-Nlã 2f l-3Š 2Nw 2fŘŠNwK	☐ ,Šă	☐ b2
yφ	52 è2dz Kl-ŰŠ Kl3K ŰK2fŠãúŠNw2f 2Nw 2úKŠNw Űf22Ř flLJlŘ Űf l-úú LJNw2ŰfŠYã úKl-ú NlŠljdžNlŠ ŰK2fŠãúŠNw2f YŠŘlŰl- 2yK	☐ ,Šă	☐ b2
φφ	52 è2dz Kl-ŰŠ Kl3K Űf22Ř LJNwŠããdzNlŠ 2Nw úl-lŠ YŠŘlŰl- 2yú2 NlŠŘdzŰŠ Űf22l LJNwŠããdzNlŠK	☐ ,Šă	☐ b2
mlφ	52 è2dz Kl-ŰŠ Řl-l-ŰŠúŠãK	☐ ,Šă	☐ b2
mmφ	52 è2dz Kl-ŰŠ Klãú2Nwè 2f ŰKlNw2yŰ ŰlŘyŠè ŘlãŠl-ãŠK	☐ ,Šă	☐ b2
mnφ	52 è2dz ŰdzNlNlŠyŰfè 2Nw Kl-ŰŠ è2dz ŠŰŠNw ãY2lŠŘK	☐ ,Šă	☐ b2
moφ	52 è2dz Kl-ŰŠ Klãú2Nwè 2f áúNw2lŠ 2Nw Ylyl áúNw2lŠ Űϕ! úK	☐ ,Šă	☐ b2
mpφ	52 è2dz Kl-ŰŠ l- Klãú2Nwè 2f KŠl-NlŰ ŘlãŠl-ãŠ óKŠl-NlŰ l- l-ŰlŠ aLúK	☐ ,Šă	☐ b2
mpφ	52 è2dz Kl-ŰŠ l- Klãú2Nwè 2f Űl-Nw2 Ř áúŠy2ãlãŠ !! Űl-ŰŘ2Ylyl-f l-2Nw Ű l-yŠdzNwèãYúŠ l-yŘk2Nw áúŠyú Ljl-f-ŰŠYŠyúK	☐ ,Šă	☐ b2