

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:		

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