

**REGISTRATION**

(Internal Use) Account# \_\_\_\_\_

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_  
Present Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ email (optional) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_  
Name of Parent (If Minor) \_\_\_\_\_  
Billing Address (If Different) \_\_\_\_\_  
Who is responsible for charges? \_\_\_\_\_  
How will you pay for your portion of today's visit? Cash Check Visa/MasterCard  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Whom should we contact in case of emergency? \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_  
What source did you find us? Physican Referral Yellow Pages Patient Referral Insurance Directory  
Other: \_\_\_\_\_  
Please describe your most important foot problem \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

Name of Primary Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Last Visit: \_\_\_\_\_ May we send a letter to your doctor? Yes No  
Are you now being treated for any medical condition such as ?:  
Diabetes yes / no High Blood Pressure yes / no Stomach ulcers yes / no Arthritis yes / no  
Anemia yes / no Heart conditions yes / no Depression yes/no HIV yes / no  
Other: \_\_\_\_\_  
What medications are you now taking? \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies to: (Please Circle If Yes)

Adhesive Tape	Aspirin	Iodine	Penicillin	Other Antibiotics	Latex
Local Anesthetics (eg. Novocaine, Xylocaine)	Sulfa Drugs	Tetanus Toxoid		Narcotics	

Other Allergies: (Specify) \_\_\_\_\_

Do you use tobacco? Yes No Do you use alcohol? Frequent Seldom None

Have you ever had: (Please Circle If Yes)

Rheumatic Fever	Stroke	Heart Attack	Hepatitis	Phlebitis
-----------------	--------	--------------	-----------	-----------

Do you have low back pain? \_\_\_\_\_  
Have you had any previous surgery? If so, what and date of surgery, especially foot surgery:  
\_\_\_\_\_

**PLEASE PRESENT YOUR CURRENT INSURANCE CARD AND PHOTO ID TO THE RECEPTIONIST AT EACH VISIT**