

Winchester Foot & Ankle Associates, PLLC

Welcome to our Office

Patient Name: _____ Pharmacy _____ Marital Status: _____

Home Address: _____ Home Phone: _____
 _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____ Shoe Size: _____

SSN of Patient: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

In case of emergency call: _____ Phone: _____

Patient employed by: _____ Occupation: _____

Business Address: _____ Phone: _____

Name of primary medical insurance co. (if applicable): _____

Name of insured (if different from patient): _____ ID# _____ DOB: _____

Insured's employer: _____ Address: _____

Phone number: _____

Primary Care Physician/Family Doctor: _____

How did you hear about our office?: _____

Please check all that apply to your personal medical history

	YES	NO		YES	NO
Diabetes (Type I or II)			Scarlet/Rheumatic fever		
Hypoglycemia (low blood sugar)			Asthma/COPD		
Thyroid dysfunction			Anxiety/depression		
Glaucoma			High cholesterol/triglycerides		
Epilepsy			Gout		
Coronary artery or Heart Disease			Previous blood transfusion		
Congestive Heart Failure (CHF)			Gallbladder problems		
Heart Murmur			Impaired speech		
Paralysis			Osteoarthritis		
Difficulty hearing			Rheumatoid arthritis		
Tuberculosis			Muscular dystrophy		
High Blood Pressure			Lymphedema		
Low Blood Pressure			Nerve Damage (neuropathy)		
Stroke			Sciatica		
Acid reflux or stomach ulcers			Cancer (if yes, what type?)		
Kidney Disease (what stage?)					
Hepatitis (A,B, or C?)					
Varicose veins					
Venereal disease (STD)					
Skin condition (Psoriasis/Eczema)					
Back pain			Are you pregnant?		
Blood clots			Cigarette/Tobacco use?		
Peripheral Arterial Disease (PAD)			Alcohol intake?		
Anemia/blood disorder			Illegal/Illicit drug use?		

Please list all previous surgeries here (not limited to the feet):

Please list all medications you are currently taking, including prescribed and over-the-counter vitamins or supplements:

Please list all allergies here (medications, foods, etc...)

Are there any foot conditions or medical problems that run in the family?

What is your current foot problem?

Permission is hereby given to **Winchester Foot & Ankle Associates** for examination and treatment of the individual described above. Authorization is also given to release any information regarding the medical history to my medical benefits provider and/or other treating physicians. Further, I authorize payment of benefits directly to **Winchester Foot & Ankle Associates** for services rendered.

Signature: _____

Date: _____