Patient Registration Form

Date of Appointment:	

	Middle Name Date of Birth (Age) Mobile Phone Primary Care Physician le Occupation	City Pharmacy Address City	Last Name Social Security I Email Address Primary Care	State sysician Phone of Phone	It appears on insurance card or It	
	Mobile Phone Primary Care Physician te Occupation	Pharmacy Address	Email Address Primary Care Ph Employer/Scho	nysician Phone of Phone		
	Primary Care Physician le Occupation	Pharmacy Address	Email Address Primary Care Ph Employer/Scho	ol Phone		
	Primary Care Physician le Occupation		Primary Care Ph	ol Phone State	Zip	
	Primary Care Physician le Occupation		Primary Care Ph	ol Phone State	Zip	
Pharmacy Phor	Occupation		Employer/Scho	ol Phone State	Zip	
Pharmacy Phor	Occupation			State	Zip	
		City		State	Zip	
		City		State	Zip	
	Emergency Contact Phone	City	Relation to Pati		Zip	
	Emergency Contact Phone		Relation to Pati	ent		
	Emergency Contact Phone		Relation to Pati	ent		
						
		Inion.				
		Plan				
Group Numbe	ner Insured's Employer/School					
d or ID)	Relation to		Insured's Phone Number			
ured's Address		City			Zip	
insured's Birth	date					
!		<u> </u>				
		Plan				
Group Numbe	r	Insured's Employer/School	Insured's Social Security Number		al Security Number	
d or ID)	,	Relation to Patient	Insured's Phone Number		ne Number	
		<u>, ,</u>		1		
Responsible Party Silling Name (if other than patient)		Phone	Relation to Par	atient		
		City		State	Zip	
		Insured's Birthdate Group Number	City Insured's Birthdate Plan Group Number Insured's Employer/School d or ID) Relation to Patient Phone	Insured's Birthdate	City State Insured's Birthdate	

Name	Ge	ender Age	Date of Appointment:	KANNER OF THE MODEL OF THE MODEL OF THE PROPERTY OF THE AND AND ADDRESS OF THE			
Reason for Visit			Lifestyle Factors				
What brings you to the office today? Foot Consultation		Have you ever smoked?					
		Yes No # of years # packs/day #					
			Do you smoke now?	of a course to the first of the first of the second			
and the second s			Yes No # packs/day				
matanaaninintelephyteteris jerraahan suusin maanaanin suusin maa			Do you use recreational drugs?				
Diago describe on a province			Yes No types?	# times/week			
Please describe any previous this problem.	ous treatment and care y	you have received for	How much alcohol do you drink per week				
una problem.			# drinks/week				
	alka - kur alahar da salahar da salahar karadan yang merupak da serengan selaka kerapanyak sar danggan sa	ga myanagara a shakara di 1486 m aka muur An waxa ban awak maka 1866 ka ka ka maha maha maha mah mah mah mah s	How much caffeine do you drink per day?	CONTRACTOR OF THE STATE OF THE			
. And the state of		······································	# drinks/day				
	The state of the s	Market and the springers of the springers and an appealance section to the springers and the springers are springers are springers and the springers are springers.		the transfer of the solution of the first transfer of the solution of the solu			
Pain Assessment			# times/week				
Indicate your level of pain			How many hours a day do you stand?	nkianni))))) kanaanii jamin maanaksi ja jaminin ja jaminin alainii jaminin ja jaminin ja jaminin ja jaminin ja			
(10 = worst pain imaginab	•	g mag	• •				
<u> </u>			# of hours				
Check the symptoms that I			What type of shoes do you wear?				
Stiffness Pa	tupus .		Flat Heels Boots I	oafers Oxfords			
	ther:		Sandals Sneakers Other:	140000000000000000000000000000000000000			
Are your symptoms getting			Name - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Better Gradually Better Rapidly			Hospitalizations & Surgeries				
	Worse Rapidly						
What improves your symp	pr	processes.					
Rest Dic		Motrin/ Aleve	Reason	Date			
Other:	······································		Reason	Date			
What makes your sympton				Date			
Activity C							
Other:	***************************************		_				
			Current Medications				
Do you have any of the foll Ankle Sprain		(*****)	Are you currently taking any blood thinners?				
Arch Pain	Enlarged Veins	Knee Pain	Yes No				
Athlete's Foot	Foot Numbness	Log Ulcers Loss of Sensation in Feet	What medications are you currently taking?				
Broken Ankle	Foot Ulcers	Lower Back Pain	,				
Broken Foot Bones	Fungal Nails	Rash on Feet	Name	Dosage Frequency			
Bunions	High Arch Feet	Swelling in Ankles		Dosage Frequency			
Burning in Feet Corns / Calluses	Heel Pain	Swelling in Feet	Name	Dosage Frequency			
Cramps in Feet	Hammer Toes	Swelling in Legs					
Cramps in Legs	Ingrown Nails	Tingling in Feet	Allergies				
Do you currently or have yo	Vineral Co.		Are you allergic to any of the following?				
Yes No	od ever worn orthotics?		pages				
14.22		MIII.	Adhesive Tape Antibiotics Barbiturates (Sleeping Pills) Aspirin	Latex			
Does your foot pain limit your desired activity?			Barbiturates (Sleeping Pills) Aspirin Codeine Sulfa	lodine			
Yes No			Do you have any other allergies?	Local Anesthetics			
Are your first steps out of b	ed in the morning painfo	ul?	- and glost				
Yes No			Name Reacti	on .			
Have you ever had any oth	er foot problems?						
Yes No	,		Name Reacti	on			
If so, please describe:							
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			Da	te of Appointment:		
Name	G	Gender Age				
Past Medical Histo	ory				·	
lave you ever had any						
Alcoholism	Back Problems	Ear Problems	Hepatitis - A, B, or C	Measles	Skin Disorder	
Allergies	Bleeding Disorder	Eating Disorder	High Blood Pressure	Migraines	Stomach Ulcer	
Anemia	Blood Disease	Epilepsy	High Cholesterol	Osteoporosis	Substance Abuse	
Anxiety Disorder	Blood Transfusion	Glaucoma	Joint Disorder	Pneumonia	Thyroid Disorder	
Arthritis	Cancer	Gout	Kidney Disorder	Polio	Tuberculosis	
Asthma	Diabetes	Heart Disease	Liver Disorder	Rheumatic Fever	Venereal Disease	
AIDS / HIV	Depression	Heart Problems	Lung Disease	Stroke		
Camily Wistons			Women Only			
Family History	nily ever had any of the foll	lowing conditions?	Are you pregnant?	Are you breastfeeding?		
	Cancer	Joint Disorder				
Alcoholism			Yes No		Yes No	
Allergies	Depression	Kidney Disease				
Alzheimer's	Diabetes	Liver Disorder				
Anemia	Epilepsy	Lung Disease				
Anxiety	Genetic Disorder	Migraines				
Arthritis	Glaucoma	Psychiatric Disorders				
Asthma	Heart Disease	Osteoporosis				
AIDS/HIV	Hepatitis	Stroke				
Bleeding Disorder	High Cholesterol	Substance Abuse				
Blood Disorder	High Blood Pressure	Thyroid Disorder				
Details:	•					
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•					•	
Other Notes:						

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			l''i Male	☐ Female
Sex	MERCHAN CO. L. M. C.	and the second s	Facil 400 000 000 000	
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