WELCOME TO OUR OFFICE

(Please print and complete the following form for your case history file.)

MR.____ MRS. ____ MISS ____ MS. _____ Other___DATE:_____

PATIENT INFORMATION

Patient's Last Name:	Patient's First Name:	Patient's Middle Initial:	Patient's Birth Date:
Mailing Address/Rural Route/Box No.: City State Zip			Driver's License
E-Mail Address:	Home Phone:	Cell Phone:	
Parent/Guardian Name (If Minor):	Emergency Contact:	➢ Emergency Contact Phone Number:	
Employer Name and Address		Phone Number:	
Spouse's Name and Employer:		Phone Number:	

Who may we thank for referring you?

Internet/Google ⬜ **Insurance Site** ⬜ **Facebook** ⬜ **Dr. Referral** ⬜ **Newspaper/Magazine** ⬜ **Billboard** ⬜ **Friend/Family** ⬜ **Name:**_____

HEALTH INFORMATION

What is your foot problem?	How long have you had this problem?		Have you seen a doctor for the problem?
Family Physician	May we contact?	Phone Number:	When was your last visit with your family doctor?

Are you a Diabetic? Are you pregnant? _____ Yes/No Do you smoke? _____ Packs/Day:_____

Have you taken Cortisone, Prednisone, or any steroids in the last year?

_____

Please check any condition(s) you currently have or have had in the past:

Arthritis _____ Kidney Disorder _____ High Blood Pressure _____ Hepatitis _____ Gout _____

Asthma _____ Muscle Disorder _____ Low Blood Pressure _____ Thyroid Disease _____ Implants _____

Cancer _____ Heart Disease _____ Sickle Cell Anemia _____ Bleeding Problems _____ **NONE** _____

Epilepsy _____ Difficult Healing _____ Anemia _____ Artificial Joints _____

Please check any of the following allergies you may have:

Iodine (Seafood) _____ Penicillin _____ Codeine _____ Mercurial _____ **NONE** _____

Adhesive Tape _____ Novocain _____ Aspirin _____ Sulfa _____ Other (Specify) _____

Please list any medications you are currently taking:

I here by give Dr. Frank J. Henry permission to examine and treat my foot and ankle condition.

Patient's Signature:	**Date:**

PAYMENT IS DUE WHEN SERVICES ARE RENDERED UNLESS OTHER ARRANGMENTS ARE MADE IN ADVANCE. Do feel free to discuss this with the Clinic Manager prior to treatment if you have any questions.

DR. FRANK HENRY
FOOT & ANKLE
SPECIALIST

History of Symptoms

(Please answer the following questions to the best of your ability.)

1. What is the main reason for your visit?

_____
_____

2. How long have your symptoms been present? If more than one episode, please list the date of the most recent episode.

_____

3. What treatments have you done thus far to alleviate your pain?

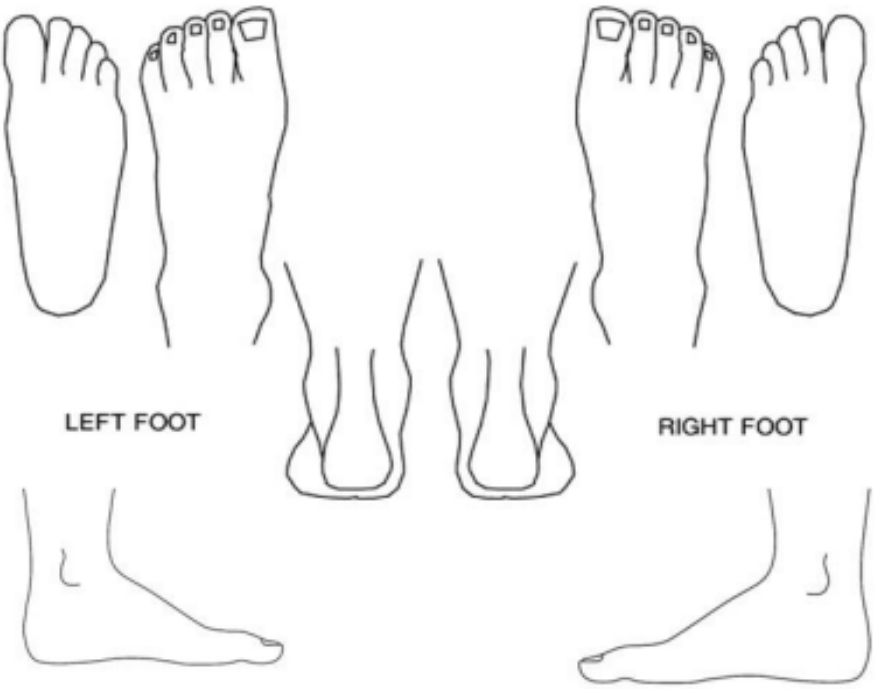
_____
_____
_____

4.How is this affecting your daily routine/activities?

_____

5. On a scale of 1-10, 10 being the worst pain of your life, how would you rate your pain?_____

6. Please circle the area(s) below that are bothering you today.



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Health Information

Do you have insurance? **YES** _____ **NO**_____

Policy Holder's Name	Date of Birth
Primary Insurance Name	
Policy Number	Group Number
Secondary Insurance Name	
Policy Number	Group Number

I understand that insurance is a contract between myself and the insurance company and that the doctor does not determine any amount that insurance will pay on my account. The fee for service is due to the doctor regardless of any action by the insurance company.

INITIALS _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so choose) and understood the Notice.

PATIENT NAME _____ **DATE:** _____

SIGNATURE _____

PARENT OF PATIENT (IF APPLICABLE) _____