ARONSON FOOTCARE

PODIATRIC MEDICINE AND SURGERY

PATIENT INFORMATION SUMMARY

Name: (first)_____(last)_____(middle initial)_____
Address: (street)_____(city)_____(state)_____(zip)_____
Home Phone: (_____)_____-_____ Cell Phone: (_____)_____-_____
E-mail Address: _____
Date of Birth: ___/___/_____ Height: _____ Weight: ____ Sex Assigned at Birth: M /F
Preferred Pronouns: [] She/her/hers [] He/him/his [] They/them/theirs [] Other _____
Current Relationship Status: [] Single [] Married [] Divorced [] Widowed [] Other _____
S.S. #:_____-_____-_____ Employer: _____ Occupation:_____

EMERGENCY CONTACT_____Relationship_____Phone_____

PRIMARY CARE PHYSICIAN: _____
PCP PHONE:(_____)_____-_____ PCP FAX: (_____)_____-_____
PHARMACY: _____PHONE: (_____)_____-_____

INSURANCE INFORMATION

(*Please provide us with your insurance card and picture identification)
Insurance name: _____Member ID: _____Copayment $:_____

MEDICAL HISTORY *(*may list on separate sheet*)

Do YOU have a history of any of the following:

[] Anemia	[] Bleeding Disorder	[] Gout	[] High Cholesterol	[] Drug Use/Abuse
[] Asthma	[] Cancer:_____	[] Heart Disease	[] HIV/AIDS	[] Alcohol Use
[] Arthritis	[] Diabetes	[] Hepatitis	[] Liver Disease	[] Current Smoker
[] Artificial Joint	[] Epilepsy	[] High BP	[] Other:_____	[] Former Smoker

Do you have a FAMILY HISTORY of any of the following:

[] Diabetes	[] ↑ BP	[] Heart Disease	[] Liver Disease	[] Blood clots
[] Arthritis	[] ↑ Cholesterol	[] Gout	[] Cancer	[] Other _____

ALLERGIES:
[] Penicillin [] Local Anesthetic [] Aspirin [] Adhesive Tape [] Sulfur [] Other _____
Current MEDICATIONS (please provide list)**:** _____
_____
_____
_____
Past SURGERIES: _____
_____
Date Last Seen by Primary Care Physician: ___/___/___
Have you worn or do you currently wear foot orthotics: YES / NO
Last visit to a Podiatrist: ___/___/___ Reason: _____
_____
EXPLAIN YOUR CURRENT FOOT/ANKLE CONDITION:_____
_____
_____
_____

WHO MAY WE THANK FOR REFERRING YOU TO OUR OFFICE:
[] Dr._____ [] Insurance Plan [] Advertisement_____ [] Facebook
[] Google [] Friend_____ [] Hospital/ED [] Family _____ [] Other_____