FOOTPRINT PODIATRY

Patient Information Form

Name_____ Date of Birth: _____

Social Security Number_____

Sex: Male___ Female____ Marital Status Married___ Single___

Address_____ City_____ State_____ Zip Code____

Home Phone_____ Cell Phone_____ Email Address:_____

Parent/Guardian (if minor)_____

Employer(self) _____ Work Phone _____

Emergency Contact : _____ Relationship _____ Phone_____

Pharmacy _____ Pharmacy Phone_____ City_____

Family Physician_____ Last seen: _____

How did you hear about our office? _____Friend _____Family Member _____Physician

Newspaper_____ Sign _____ Website_____ Other_____

Insurance Information:

Who is financially responsible for this account? _____

Primary Insurance: _____ Insured Name _____

Relationship to Patient _____

Secondary Insurance _____ Insured Name_____

Relationship to Patient_____

Instructions:

Please present your insurance cards and Photo I.D (A copy will become part of your medical record)

Foot Health Information :

What is your current foot/ankle problem? Be specific _____

Medical History : Check all that apply

- ☐ Diabetes
- ☐ High Blood Pressure/HTN
- ☐ Heart Trouble
- ☐ Heart Attack/MI
- ☐ Asthma
- ☐ Gout
- ☐ Blood Disorder
- ☐ Stroke
- ☐ Blood Clots(DVT)
- ☐ Epilepsy
- ☐ Liver Aliment(Hepatitis, Cirrhosis, etc)
- ☐ Stomach Ulcers
- ☐ Rheumatoid Arthritis
- ☐ Thyroid Problem
- ☐ AIDS

Current Medications: _____

Allergies:_____

Previous Surgeries: _____

Social History : _____

Do you Smoke or use Tobacco? _____

Do you Drink Alcohol ? _____

Are you pregnant? _____

Family History/Family Member: Check all that Apply

- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Heart Disease
- ☐ Cancer
- ☐ Arthritis
- ☐ Foot Problems

Insurance Information:

I authorize the release of any medical or other information necessary to process my insurance claims. I also request payment of benefits either to myself or to the party who accepts assignments. I authorize payment of medical benefits to Dr. Griffin or any other supplier for services rendered to me. I authorize the release of Medical Information shared from primary care physician to Dr. Griffin and authorized staff for medical purposes.