NORTHERN OHIO
Foot & Ankle Specialists, LLC

Please complete in full and print clearly. Please have your insurance card(s) ready for the receptionist.
Your Co-payment is due at time of service.

DATE _____

Last Name _____ **First** _____ **Middle Initial** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____☐ Cell ☐Home☐ Work **Alt. Phone** _____☐ Cell☐ Home☐ Work

E-Mail Address (to be used for patient portal ONLY) _____

Date of Birth _____ **Social Security #** _____ **Male** ____ **Female** ____ **Marital Status** _____

Employer _____ **Occupation** _____

Spouse's Name _____ **Date of Birth** _____ **Social Security #** _____

Phone _____☐ Cell ☐Home☐ Work **Alt. Phone** _____☐ Cell☐ Home☐ Work

Spouse's Employer _____ **Occupation** _____

Responsible Party's Name _____ **Relationship to patient** _____

Address _____

Date of Birth _____ **Social Security #** _____ **Male** _____ **Female** _____

Emergency Contact _____ **Relationship** _____ **Phone** _____

Emergency Contact _____ **Relationship** _____ **Phone** _____

Primary Care Physician _____ **Date of last visit** _____

Eye Doctor _____ **Date of last visit** _____

Local Pharmacy _____ **City** _____

Referral Source (ex: newspaper, yellow pages, website, family, friend, Physician)

_____

FOOT HEALTH INFORMATION:

SHOE SIZE _____ **HEIGHT _____** **WEIGHT _____**

What are your current foot/ankle problems: (Be Specific)

_____

_____

_____

_____

☐ RIGHT FOOT ☐ LEFT FOOT ☐ BILATERAL

When did your problems begin? _____

Have you been treated for this previously? ☐ Yes ☐ No

If yes, when were you treated and by whom?

_____

Are you under the care of Pain Management? ☐ Yes ☐ No

Are you on a Pain Management Contract? ☐ Yes ☐ No

Is your injury work related? (BWC) ☐ Yes ☐ No

PAST MEDICAL HISTORY:

Please check all that apply

ENDOCRINE: ☐ Diabetes ☐ Thyroid ☐ Hypertension

SYSTEMIC DISEASE: ☐ Hepatitis ☐ Aids ☐ Renal Failure

Please list any additional history not covered above:

_____ _____

_____ _____

_____ _____

For diabetic patients:

How many years have you been diagnosed as a diabetic? _____ ☐ Type I ☐ Type II

Last blood sugar reading: _____ **Result:_____**

Last A1C: _____ **Date: _____**

Last vision exam: _____ **Result: _____**

SURGERY HISTORY: Check if this does not apply to you ☐

_____ Location _____

_____ Location _____

_____ Location _____

_____ Location _____

_____ Location _____

HOSPITALIZATION HISTORY: Check if this does not apply to you ☐

_____ Location _____

_____ Location _____

_____ Location _____

_____ Location _____

_____ Location _____

FAMILY HISTORY: Check if this does not apply to you ☐

Arthritis _____ ☐ Mother ☐ Father ☐ Sister ☐ Brother

Cancer _____ ☐ Mother ☐ Father ☐ Sister ☐ Brother

Diabetes _____ ☐ Mother ☐ Father ☐ Sister ☐ Brother

Foot Problems_____ ☐ Mother ☐ Father ☐ Sister ☐ Brother

Heart Disease _____ ☐ Mother ☐ Father ☐ Sister ☐ Brother

High Blood Pressure_____ ☐ Mother ☐ Father ☐ Sister ☐ Brother

Father: Alive ☐ Deceased ☐ Died of: _____ Age: _____

Mother: Alive ☐ Deceased ☐ Died of: _____ Age: _____

SOCIAL HISTORY:

Please check all that apply

Tobacco ☐ Packs/Day _____ # of Years _____ **Quit?** Yes ☐ No ☐

Alcohol ☐ Drinks/Day _____ Type _____

Exercise ☐ Days/Week _____ Type _____

Caffeine ☐ Drinks/Day _____ Type _____

Pregnant ☐ Due Date _____

Seatbelt use ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ 0%

Sun exposure ☐ Frequently ☐ Occasionally ☐ Rarely

MEDICATIONS: Check if this does not apply to you ☐

Medication Name	**Dosage**	**Instructions**
Prescriptions		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Over the Counter		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Vitamins		
_____	_____	_____
_____	_____	_____
Herbal		
_____	_____	_____
_____	_____	_____

ALLERGIES: Check if this does not apply ☐

Penicillin	Reaction _____	Iodine	Reaction _____
Novocain	Reaction _____	Latex	Reaction _____
Codeine	Reaction _____	Other	Reaction _____
Adhesive Tape	Reaction _____	Other	Reaction _____
Sulfa	Reaction _____	Other	Reaction _____