

Foundation Foot & Ankle, LLC

PATIENT INTAKE FORM – PLEASE USE BLACK INK

Date _____

Patient's Name _____ Age _____ Patient's Birthdate _____
First M.I. Last Soc Sec # _____

Spouse's Name _____ Marital Status- circle one: S M D W
First M.I. Last

Responsible Party/Parent (if child) _____ Relationship
First M.I. Last

Patient's Address _____
Number & Street (If PO Box, include street address) City State Zip code

Home Phone (____) _____ Mobile phone (____) _____ E-Mail Address _____

Patient's Employer (if child, father's) _____ Employer's Phone (____) _____

Patient's Insurance (if child, father's) _____ Soc Sec # _____ Birthdate _____

Spouse's Employer (if child, mother's) _____ Employer's Phone (____) _____

Spouse's Insurance (if child, mother's) _____ Soc Sec # _____ Birthdate _____

Emergency Name / Phone / Relationship _____
This should be someone outside of your home, if possible

Family Dr. _____ Y _____ N _____
First M.I. Last City State Did he / she refer you?

Referred By _____
First M.I. Last City State Relationship

Preferred Pharmacy Name / Location _____

How did you find out about us? ___Another patient ___Phonebook ___Sign ___Newspaper ___Internet: www.foundation-foot-ankle.com

FAMILY MEDICAL HISTORY:

Has anyone in your immediate family ever had: Diabetes; Heart disease; High blood pressure; Stroke; Bleeding disorder; Cancer; Depression
___NO ___YES, please list details below

Relationship:

Disease / Ailment:

Father _____
Mother _____
Siblings _____

PERSONAL HISTORY:

Height ___' ___" Weight ___lbs Shoe size ___ Smoke ___pk/day ___Alcohol ___oz/day ___Caffeine ___per day

RACE: ___White / Non-Hispanic ___African American ___Hispanic ___Other: _____

LANGUAGE: ___English ___Spanish ___Other: _____ Are you a Veteran? ___Yes ___No

Previous Hospitalizations / Surgeries

Females: Are you pregnant at this time? ___Yes ___No

ALLERGIES: Please check those that apply to you and list type of reaction

- ___NO KNOWN ALLERGIES ___Cortisone ___Latex ___Sulfa
___Adhesive tape ___Demerol ___Local anesthesia ___Topicals, i.e. lotions/creams
___Aspirin ___Iodine dye ___Novacaine ___Other: _____
___Codeine ___Iodine, topical ___Penicillin

Describe reactions: _____

