HMI FOOT AND ANKLE

Dr. Haytham Mansour, DPM, PhD
Diplomate, American Board of Podiatric Medicine

Reason for visit: _____

Patient Information

Date: _____ Name: _____

Address: _____ City: _____ State: _____ Zip _____

Date of Birth: _____ Home Phone: _____ Cell: _____

Work/School Name: _____ Gender: M / F Marital Status: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Pharmacy Name/Address: _____ Phone No.: _____

Primary Care Physician: _____ Date of last visit: _____

Address: _____ Phone Number: _____

Medical History (Circle NONE if does not apply to you)

Allergies (medication and non-medication): NONE

_____

Current prescription medications, over the counter medications, and supplements: NONE

_____ _____ _____

_____ _____ _____

_____ _____ _____

Past Medical History (please list): NONE

_____

_____

Past Surgical History and Hospitalizations (please list): NONE

_____

_____

Tobacco Use: YES / NO / PAST If YES or PAST, how much _____ for how long _____

Alcohol Use: YES / NO / PAST If YES, how much: _____

Shoe size: _____ Height: _____ feet _____ inches Weight: _____ pounds

How did you hear about us? (circle all that apply): Insurance / Friend / Online Search / Other

EMAIL:_____