

American Foot Clinic, Inc
Patient Information

 First Name MI Last Name Social Security Number Phone Number

 Home Address City State Zip Code

 Male or Female Age Date of Birth Weight Height Shoe Size

Employer: _____ Spouse or Parent: _____ Emergency Name: _____

Work Phone: _____ Cell Phone Number: _____ Emergency Phone: _____

Family Physician: _____ Physician's Phone Number: _____

Referred By: (circle one) Doctor: Name _____ Friend SWB Yellow Pages Feist Book



In your own words, what type of problem are you having? Please be specific. _____

How long has this been going on? _____

ALLERGIES: Is there a history of skin reaction or other

MEDICATIONS:

outward reaction or sickness following and injection, oral or

Name Dosage How Often? For How Long?

<u>topical administration of:</u>	No	Yes	Reaction
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	_____
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Codeine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Demerol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Narcotics (List)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Novocaine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Anesthetics (List)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Empirin, Tylenol (Circle)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Advil, Aleve, or Motrin (Circle)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other pain remedies (List)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sulfa Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adhesive tape	<input type="checkbox"/>	<input type="checkbox"/>	_____
Latex	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shrimp, Iodine, or Merthiolate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any other drugs or medications	<input type="checkbox"/>	<input type="checkbox"/>	_____

LIST ALL OTHERS: _____

