



**CONFIDENTIAL REGISTRATION QUESTIONNAIRE**

Please fill out the following opening form

First Name _____	Date of Birth _____
Last Name _____	Day / Month / Year
Gender Male Female Age _____	
Address _____	Home Phone Number _____
Apartment No _____ City _____	Work Phone Number _____
Postal Code _____	Cell Phone Number _____
Weight _____	E-Mail _____
Height _____	Do you have a Private Insurance? _____
Shoe Size _____	Occupation _____

How would you like us to confirm your appointment? E-MAIL or PHONE CALL

How did you hear about us?

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Your Physician | <input type="checkbox"/> Facebook        | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Newspaper      | <input type="checkbox"/> Another Patient |                                      |
| <input type="checkbox"/> Our Website    | <input type="checkbox"/> Our Sign        |                                      |

**AGREEMENT AND CANCELLATION POLICY**

You must give us 24-hour notice in order to cancel an appointment once it is confirmed. Otherwise, a 30\$ penalty fee will be billed to your account.

I, hereby, declare that the information given above is accurate. Additionally, I authorize my podiatrist to share any medical information (podiatric) with my physician, if needed, or to my Insurance Company for refund purposes.

I accept and agree with the cancellation policy of the Clinic.

Signature of the patient (must be at least 14 years old) or of the patient's legal guardian \_\_\_\_\_

Name of the legal guardian (if the patient is less than 14 years old) \_\_\_\_\_

Relationship to the patient (if the patient is less than 14 years old) \_\_\_\_\_

Date \_\_\_\_\_  
Day/Month/Year

**Turn the page please**



## MEDICAL HISTORY

Name of the patient \_\_\_\_\_

Have you been diagnosed with any of the following? Please check all that apply

- Diabetes
- Cholesterol
- High Blood Pressure
- Heart Failure
- Cardiac Arrhythmia
- Cardiac Valve
- Thyroid Problem
- Kidney Problems
- Cancer
- Arthritis
- Arthrosis
- Osteoporosis
- Anxiety
- Depression
- S.T.I.
- Skin Disease

OTHER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sprains? Where? \_\_\_\_\_

Fractures? Where? \_\_\_\_\_

Medication? Please list \_\_\_\_\_

\_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_

Previous surgeries? \_\_\_\_\_

\_\_\_\_\_

How many glasses of alcohol do you drink per day? \_\_\_\_\_

Do you smoke? Yes / No

Do you use recreational drugs? Yes / No

Are you pregnant? Yes / No

Why do you need to see a podiatrist? \_\_\_\_\_