

NAME: _____

Please fill out completely

Medical History:

Family Doctor's Name _____ Address _____

Medications Currently Taking: _____

Drug Allergies _____ NONE

Major Illnesses(Past/Present) _____

Past Surgeries _____

Complications from Past Surgeries _____

Current Podiatric Problem:

What is the specific complaint today? _____

How long has it been a problem? _____

What have you done to treat the problem so far? _____

Have you ever been cared for by a foot doctor? **Yes No** When: _____

Please Check if you have ever or currently have any of the conditions below:

Health History:

_____ High Blood Pressure	_____ Muscle Problems	Do you smoke?
_____ Diabetes	_____ Bone Problems	_____ Yes _____ NO _____ I
Quit		
_____ Heart Disease	_____ Skin Disease	
_____ Poor Circulation	_____ Complicated Pregnancy	Do Small cuts/bruises heal easily?
_____ Lung Disease	_____ Psychiatric Disorders	_____ Yes _____ NO
_____ Cancer	_____ Headaches	
_____ Stomach Disorders	_____ Eye Disease	Are you currently Pregnant?
_____ Arthritis	_____ Epilepsy	_____ Yes _____ NO
_____ Liver Disease	_____ Phlebitis	If yes, when are you due? _____
_____ Immune Compromised	_____ Previous Ulcers	

Do you have a family history of?

Medical Condition	No	Yes	Relative
Anesthesia problem	<input type="radio"/>	<input type="radio"/>	
Bleeding disorder	<input type="radio"/>	<input type="radio"/>	
Cancer	<input type="radio"/>	<input type="radio"/>	
Heart Disease	<input type="radio"/>	<input type="radio"/>	
Diabetes	<input type="radio"/>	<input type="radio"/>	
High blood pressure	<input type="radio"/>	<input type="radio"/>	
Seizure	<input type="radio"/>	<input type="radio"/>	
Stroke	<input type="radio"/>	<input type="radio"/>	
Substance abuse	<input type="radio"/>	<input type="radio"/>	

Referred by: Phone Book _____ Office Sign _____ Person _____ Name: _____

I, hereby, give permission to Dr. Tom Corrigan or designated medical professionals to access and treat my feet/lower extremities using any and all medical, surgical or orthopedic methods appropriate. I am aware that Corrigan Podiatry has a posted irrevocable narcotics policy, which I understand and consent to. Furthermore, I realize it is my responsibility to research and comprehend my individual medical insurance, including copays, deductibles, and any other benefits/exclusions of the plan.

Signature

Date