## Today's Date \_\_\_\_\_

Patient Details		
Patient Name		PLEASE COMPLETE ALL SECTIONS
☐ Male ☐ Female Date of Birth	Age	In Case of Emergency, Please Contact:
Address		in case of Emergency, Please Contact:
City/StateZip	o	Name
Phone 1 ho	ome 🗆 cell 🗆	Relationship
work Phone 2 ho	ome 🗆 cell 🗆	Phone
work Email		Primary Care Physician:
Occupation		Name
How did you hear about us?		Phone
Responsible Party/Billing Contact (if different	from above)	Date of Last Visit
Name		
Date of BirthSocial Security #		Preferred Pharmacy & Location:
Address		
City/StateZip		
Phone hon	ne □ cell □ ork	
Please describe the reason for today's visit:		
How long has it been bothering you?		
Have you been treated for this problem? $\square$ Yes $\square$ If yes, please describe treatment:	No	
Have you had any previous foot or ankle surgery?  No If yes, please list type and dates:	Primary Language:  CHECK ALL THAT APPLY:  Hispanic Non-Hispanic  White Black or African American Asian American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander	

## PLEASE COMPLETE ALL SECTIONS.

If you have any of the following information already printed, we will be happy to make a copy.

Allergies    Have you experienced any allergic reactions or adverse effects from the following?   No KNOWN DRUG ALLERGIES   No Known DRUG ALLERGIES   Previously smoked for	Patient Name:				Date		
Have you experienced any allergic reactions or adverse effects from the following?    NO KNOWN DRUG ALLERGIES	Current Height Current Weight_			Current Weight	Current Shoe Size		
effects from the following?    NO KNOWN DRUG ALLERGIES	Aller	gies			Social History		
NO KNOWN DRUG ALLERGIES	Have you experienced any allergic reactions or adverse		ed any allergic reactions or adverse	Do you smoke? □ No			
Aspirin	effects from the following?		owing?	$\square$ Yes, every day $\square$ Yes, occasionally			
Codeine   Cortisone   Doyou drink alcohol?   No   Doyou drink alcohol.   No   Doyou		NO KNO	OWN DR	UG ALLERGIES	If Yes, how many years?		
Codeine	_	Asnirin		☐ Penicillin	☐ I <b>previously smoked</b> foryears		
Do you drink alcohol?   No   Occasional/social   No   Occasional/social   Mild   Moderate   Heavy	1			When did you quit?			
Gother   G				Do you drink alcohol? ☐ No			
Medical & Family History					_		
Medical & Family History  Please check if either you or a family member has experienced any of the following conditions:  MOTHER PATIENT  FATHER		J Sulta Dri	ugs	□ Latex □ Tape			
Medical & Family History  Please check if either you or a family member has experienced any of the following conditions:  MOTHER PATIENT  FATHER   Anemia	0	ther:					
experienced any of the following conditions:  MOTHER PATIEN Anemia Arthritis Bleeding Disorder Breathing Problems Cancer: type: Congestive Heart Failure  COVID-19 date: Diabetes - Insulin Dependent Diabetes - Non-Insulin Dependent Diabetes - Non-Insulin Dependent Diabetes - Non-Insulin Dependent Hepatitis Hepatitis High Cholesterol High Blood Pressure HIV  Surgical History Please list any major surgeries: Liver Disease Liver Disease Liver Disease Liver Disease Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Cother:	Medical & Family History			History			
experienced any of the following conditions:  MOTHER PATIENT Anemia Anthritis Bleeding Disorder Breathing Problems Cancer- type: Congestive Heart Failure  COVID-19 date: Diabetes - Insulin Dependent Diabetes - Non-Insulin Dependent	Please	e check if	either <i>yo</i>	ou or a family member has	If available, I authorize Infinity Foot and Ankle to obtain		
Anemia	experi	ienced an	y of the	following conditions:	(INITIAL) my current medication list from my pharmacy.		
Arthritis  Asthma Bleeding Disorder Breathing Problems Cancer- type: Congestive Heart Failure  COVID-19 date: Diabetes - Insulin Dependent Diabetes - Non-Insulin Dependent Gout Heart Disease Hepatitis High Cholesterol High Blood Pressure HIV Joint Replacement: Hip (   Right   Left ) Knee (   Right   Left ) Knee (   Right   Left ) Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:  Arthritis Asthma Bleeding Disorder Covidence  Cancer - type: Cancer -							
Asthma Bleeding Disorder Breathing Problems Cancer- type: Congestive Heart Failure COVID-19 date: Diabetes - Insulin Dependent Diabetes - Non-Insulin Dependent Gout Heart Disease Hepatitis High Cholesterol Hilly Joint Replacement: Hip (   Right   Left ) Kidney Disease Liver Disease Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:    Asthma Bleeding Disorder   Cancer- type: Congestive Heart Failure   COVID-19 date:   CovID-19 date	_	_	_				
Bleeding Disorder Breathing Problems Cancer- type: Congestive Heart Failure  COVID-19 date: Diabetes - Insulin Dependent Diabetes - Non-Insulin Dependent Gout Heart Disease Hepatitis High Cholesterol High Blood Pressure HIV Joint Replacement: Hip (		_	_				
Breathing Problems Cancer- type: Congestive Heart Failure  COVID-19 date: Diabetes - Insulin Dependent Diabetes - Non-Insulin Dependent Gout Heart Disease Hepatitis High Cholesterol High Blood Pressure HIV Joint Replacement: Hip (  Right  Left ) Knee (  Right  Left ) Knee (  Right  Left ) Kidney Disease Liver Disease Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:  Breathing Problems Cancer- type: Congestive Heart Failure  COVID-19 date: Diabetes - Insulin Dependent Gout Breathing Problems Surgical History Please list any major surgeries:  Surgical History Please list any major surgeries:			_				
Cancer- type: Congestive Heart Failure  COVID-19 date: Diabetes - Insulin Dependent Diabetes - Non-Insulin Dependent Gout Heart Disease Hepatitis High Cholesterol High Blood Pressure HIV Joint Replacement: Hip ( Right   Left ) Knee ( Right   Left ) Knee ( Right   Left ) Kidney Disease Liver Disease Mitral Valve Prolapse Mitral Valve Prolapse Neuropathy Plebitis (blood clots) Stomach Problems Thyroid Disorder Other:			_				
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COVID-19 date: Diabetes - Insulin Dependent Diabetes - Non-Insulin Dependent Gout Heart Disease Hepatitis High Cholesterol High Blood Pressure HIV Joint Replacement: Hip (	_	_	_	Congestive Fredre Fandre			
Diabetes - Non-Insulin Dependent Gout Heart Disease Hepatitis High Cholesterol High Blood Pressure HIV  Joint Replacement: Hip ( Right Left ) Knee ( Right Left ) Kidney Disease Liver Disease Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:				COVID-19 date:			
Gout Heart Disease Hepatitis High Cholesterol High Blood Pressure HIV Joint Replacement: Hip (				Diabetes - Insulin Dependent			
Heart Disease Hepatitis High Cholesterol High Blood Pressure HIV  Joint Replacement: Hip ( Right Left ) Knee ( Right Left ) Kidney Disease Liver Disease Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:  Hart Disease Surgical History Please list any major surgeries:  Surgical History Please list any major surgeries:  Surgical History Please list any major surgeries:				Diabetes - Non-Insulin Dependent			
Hepatitis High Cholesterol High Blood Pressure HIV  Joint Replacement: Hip (				Gout			
High Cholesterol High Blood Pressure HIV  Joint Replacement: Hip (				Heart Disease			
High Blood Pressure HIV  Joint Replacement: Hip ( Right Left ) Knee ( Right Left ) Kidney Disease Liver Disease Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:  HIV  Surgical History Please list any major surgeries:  Surgical History Please list any major surgeries:  Surgical History Please list any major surgeries:  Storacl History Please list any major surgeries:				Hepatitis			
HIV  Joint Replacement: Hip ( Right Left ) Knee ( Right Left ) Kidney Disease Liver Disease Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:  Surgical History Please list any major surgeries:  Surgical History Please list any major surgeries:  HIV  Surgical History Please list any major surgeries:  HIV Please list any major surgeries:  Please list any major surgeries:  HIV  Please list any major surgeries:  Thyroid Disorder Other:							
Joint Replacement: Hip (  Right  Left ) Knee (  Right  Left ) Kidney Disease Liver Disease Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:							
Hip ( Right Left ) Knee ( Right Left ) Kidney Disease Liver Disease Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:							
Knee ( Right Left )  Kidney Disease Liver Disease  Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:					Surgical History		
Knee (   Right   Left )  Kidney Disease Liver Disease  Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:					Please list any major surgeries:		
Liver Disease  Mitral Valve Prolapse  Neuropathy  Phlebitis (blood clots)  Stomach Problems  Thyroid Disorder  Other:							
Mitral Valve Prolapse Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:		_		-			
Neuropathy Phlebitis (blood clots) Stomach Problems Thyroid Disorder Other:		_					
Phlebitis (blood clots)  Stomach Problems Thyroid Disorder Other:				·			
Stomach Problems Thyroid Disorder Other:				- · · · · · · · · · · · · · · · · · · ·			
Thyroid Disorder Other:							
Other:							