



Simon Becker DPM ABLES
Leo Davidson DPM AACFAS
Garry Shtofmakher DPM

Patient Information

Name _____

DOB _____

Street Address _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Married Divorced Single Widowed Minor

Sex: Male Female

Employer _____

Employers Phone _____

In case of emergency, contact

Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Pharmacy _____

Address _____

Phone Number _____

Who may we thank for referring you? _____

Have you ever been to a podiatrist before? Yes No

If yes, please list

Name _____

Last Visit _____

Insurance _____

Subscriber's Name _____

DOB _____

Relationship to Patient _____

ID # _____

Is patient covered by additional insurance? Yes No

Secondary Insurance _____

Subscriber's Name _____

DOB _____

Relationship to Patient _____

ID # _____

Podiatric History

Please indicate which foot problems you now have or have had in the past

Ankle Pain	Yes	No
Athlete's Foot	Yes	No
Bunions	Yes	No
Corns and Calluses	Yes	No
Cramps/Numbness in Feet/Legs	Yes	No
Flat Feet	Yes	No
Foot or Leg Cramps	Yes	No
Heel Pain	Yes	No
Ingrown Toenails	Yes	No
Lower Back Pain	Yes	No
Numbness	Yes	No
Plantar Warts	Yes	No
Swelling in Ankles/Feet	Yes	No
Tired Feet	Yes	No

What is the chief complaint for which to came to treated?

(Include foot, ankle, knee, thigh and hip complaint)

Is there any personal or family history of diabetes? Yes No

Athletic activities in which you participate

(please list and indicate frequency)

