

Podiatry and Foot Surgery Center

230 East 48th Street Suite #1B
New York, NY 10017
(212) 679-3338

PATIENT NAME AGE DATE of BIRTH
ADDRESS TELEPHONE# (home)
BUSINESS NAME TELEPHONE# (work)
BUSINESS ADDRESS TELEPHONE# (mobile)
SOCIAL SECURITY NUMBER EMAIL
REFERRED BY INSURANCE
name of insured
date of birth relationship

MEDICAL HISTORY

||||| Benefits |||||

ALLERGIES (penicilin, other) || spoke to date
DIABETES Yes / No HIV Yes / No HEPATITIS Yes / No || [IN] [OUT]
HEART BLOOD PRESSURE High / Normal || (ded) |
ASTHMA Yes / No STOMACH ULCER Yes / No SMOKING Yes / No || (%) |
HEART BLOOD PRESSURE High / Normal || (copay) |
ARTHRITIS || (orthotics) |
CANCER / TUMOR || (moop) |
OPERATIONS || (precert) |
MEDICATIONS || (limitations) |
NUMBNESS / TINGKING || (timely filing) |
|| (send to)
MAIN COMPLAINT ||

|||||

I acknowledge that I am ultimately responsible for payments and any balances for services rendered.

X DATE