

PARSIPPANY FOOT & ANKLE, LLC

Podiatric Medicine and Surgery

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DIPLOMATES, AMERICAN BOARD OF PODIATRIC SURGERY
FELLOWS, AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

*CERTIFICATION IN RECONSTRUCTIVE REARFOOT AND ANKLE SURGERY **ASSOCIATE, AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

- CONFIDENTIAL PATIENT INFORMATION -

DATE _____

NAME _____ DATE OF BIRTH _____ AGE _____
(Last) (First)

SEX: M / F

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

E-MAIL _____

ADDRESS _____ PHONE _____ CELL _____

CITY _____ STATE _____ ZIP _____

EMPLOYER NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

PRIMARY HEALTH INSURANCE CO. _____ ID NO. _____

SECONDARY INSURANCE CO. _____ ID NO. _____ SUBSCRIBER'S DOB _____
SUBSCRIBER'S NAME _____

RESPONSIBLE PARTY'S EMPLOYER. _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____ PHONE _____

REFERRED BY _____

FAMILY PHYSICIAN _____ CITY _____

PHARMACY NAME _____ CITY _____

WHAT IS YOUR CHIEF FOOT COMPLAINT? _____

ANY PREVIOUS FOOT PROBLEMS? _____

1. Are you now under a physician's care? Yes _____ No _____

Physician's Name _____ For what problem _____

2. Are you allergic to any of the following? Aspirin _____ Codeine _____ Demerol _____ Morphine _____ Novocaine _____

Penicillin _____ Sulfa _____ Tetanus _____ Iodine _____ Tape _____ Other _____

3. Have you been treated for any of the following:

Anemia	Depression	Heart Problems	Lung Disease	Sickle Cell Disease
Arthritis	Epilepsy	Hepatitis	Nervousness/Anxiety	Stroke
Asthma	Fibromyalgia	HIV	Phlebitis	Thyroid
Alcoholism	GI Reflux	High Blood Pressure	Prolonged Bleeding	Tumors
Cancer	Gout	Kidney Problems	Psychiatric Disorder	(Type) _____
(Type) _____	Glaucoma	Liver Problems	Rheumatic Fever	Ulcers
Diabetes				Vascular Disease

Other _____

4. Is there any family history of diabetes? Yes _____ No _____; If yes, who _____

5. Any other significant family medical history? _____

6. Do you smoke? Y N How much _____ Drink Alcohol? Y N How Much _____ Use Illicit Drugs? Y N

7. What medications are you now taking? _____

8. What type of surgery have you had? _____

9. What do you do for physical exercise? _____

*SOCIAL SECURITY NUMBER _____

*SIGNATURE _____