BARKING DOGS











FOOT & ANKLE CARE

Patient Name		Social Security #	
Date of Birth		Home Phone	Cell Phone
Street Address		City/State/Zip	
Email address		Employer	Occupation
Insurance Company (1st)		Insurance Company (2nd)	
Policy #		Policy #	
Group #Effective Date		Group #Effective Date	
Name/Relationship of Insured (if other than self)		Name/Relationship of Insured (if other than self)	
Primary Care Physician/location		Date of last exam	
Pharmacy name (location/phone #)		Emergency Contact/Parent/Guardian & phone #	
How did you hear about us?		Height Weigh	nt Shoe size
Describe your foot/ankle issue:			
Medications		Prior surgery/date	
Do you smoke ? Do you drink alcohol?	Y N Y N	Allergies	
Ilnesses (Circle all that apply)		High Cholesterol	Poor Circulation
Anemia	Diabetes	Kidney Problems	Rheumatic Fever
Arthritis	Gout	Liver Disease	Stroke
Asthma	Heart Disease	Lung Problems	Thyroid Disorder
Back Pain	Hepatitis	Neck Pain	Other
Bleeding Disorders	High Blood Pressure	Numbness in feet	
CONSENT I certify that the information above is true and correct to the best of my knowledge. I give consent to the doctor to examine and perform procedures considered necessary and proper in diagnosing and treating my condition. SIGNATURE:			