



**What is the reason for your visit today?** \_\_\_\_\_

**When did your symptoms start?** \_\_\_\_\_

**How did you hear from us?** \_\_\_\_\_ Primary Care Doctor

\_\_\_\_\_ Internet (please circle): Google, Yahoo, Superpages, Bing, Yelp

\_\_\_\_\_ Insurance CO./Insurance Website

\_\_\_\_\_ Friend or family member

\_\_\_\_\_ Other: \_\_\_\_\_

**What medical problems do you have or are you being treated for? Please circle all that apply:**

Arthritis, Diabetes, Cancer, High Blood Pressure, Heart Disease, Anemia, High Cholesterol, Bleeding disorders, Hepatitis, Liver Disorders, HIV/AIDS, Thyroid Problems, Respiratory Problem, Kidney Disorders, Neurological Problems, Stomach or Intestinal Problem, Stroke, Other: \_\_\_\_\_

**Please list any operations you have ever had:** \_\_\_\_\_

**Please list all medication you are currently taking including aspirin and vitamins:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any allergies to medication:**

\_\_\_\_\_  
\_\_\_\_\_

**Social History:** Are you currently a smoker: \_\_\_\_\_

If so, how much do you smoke: \_\_\_\_\_

How much alcohol do you drink: \_\_\_\_\_

**Family History:**

Please circle if anyone in your immediate family has any of the following: Arthritis, Diabetes, Cancer, Heart Disease, Bleeding Disorder, Anesthesia problem, High Blood Pressure, or Other Serious Medical Problems \_\_\_\_\_

**Primary Care Doctor:** \_\_\_\_\_

**Pharmacies:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Locations:** \_\_\_\_\_

### CONSENT FOR TREATMENT

I certify that the above information is true and correct to the best of my knowledge. I give my permission to Drs. Michetti, Tabor and Weber to administer and perform the procedures that may be deemed necessary in the diagnosis and /or treatment of my feet.

\_\_\_\_\_  
Patient or Guardian

\_\_\_\_\_  
Date