Patient History

Please complete as fully as possible

Date _____

Patient's Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Date of Birth _____ Patient's Soc. Sec. # _____ Marital Status _____

Spouse's Name _____ Spouse's Soc. Sec. # _____ Spouse's Date of Birth _____

Occupation _____ Employer _____

Employer's Address _____

Guardian's Name (if patient is minor) _____

Spouse's place of Employment _____

Address (if different than patient's) _____

Bill to _____ Relationship _____

Insurance Coverage _____

How were you referred to this office? _____

Present Complaint _____

Please answer the following questions to the best of your ability

(_____) I am not allergic to anything to my knowledge

(_____) I am allergic to (please check)

			OTHER
_____ Aspirin	_____ Mercurials	_____ Nylon, Plastics	_____
_____ Novocaine	_____ Merthiolate	_____ Antihistamines	_____
_____ Codeine	_____ Iodine	_____ Penicillin	_____
_____ Demerol	_____ Adhesive	_____ Sulfa	_____

Your Height _____ Weight _____

Are you in _____ good health _____ fair health _____ poor health

_____

Physician's Name and address _____

What medications are you now taking? _____

_____

Please check appropriate places. I have or have had the following:

_____ Diabetes	_____ Stroke	_____ Leg Cramps	_____ Tumors
_____ Bleeding Tendencies	_____ Varicose Veins	_____ Asthma	_____ Gout
_____ Epilepsy	_____ Kidney Trouble	_____ Cancer	_____ High Blood Pressure
_____ Heart Trouble	_____ Rheumatism/Arthritis	_____ Glaucoma	_____ Stomach Ulcers
_____ Nervousness	_____ Tuberculosis	_____ Anemia	_____ Polio

To the best of my knowledge, the above listed information is complete and accurate. I understand that Lanny S. Foster, D.P.M., P.C. will make all efforts in collecting adequate reimbursement from my medical insurance. Any unpaid services such as office visits, annual deductibles, co-payments, insurance rejections, cash charges, etc. are my complete responsibility, and I will make payment to Lanny S. Foster, D.P.M., P.C. in a timely manner.

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Signature of patient or guardian