

Describe your foot problem:

How long has it been bothering you? Days Weeks Months Years

What is most important goal in treatment?

What past problems have you had in the Feet or Ankles?

What past surgical procedures have you had on your Feet or Ankles?

If cause of problem is an injury – Date injured?

Injured at work? YES NO

Shoe Size:

Current Weight:

Height:

Are you Allergic or Sensitive to: (Please include the type of reaction to each)

Antibiotics (Penicillins, Sulfa drugs, etc.)? _____

Any Medicines? _____

Tape? _____ Betadine (Iodine)? _____ Latex? _____ Other? _____

Have you had problems taking Aspirin or Ibuprofen (Advil, Motrin)? YES NO

Any problems with local anesthetics (Novacaine, Lidocaine)? YES NO

GENERAL HEALTH INFORMATION

Do you have Diabetes? YES NO If “Yes”, do you take insulin? YES NO

Number of years with Diabetes? _____

Have you had any illnesses or medical problems? _____

What surgeries have you had? _____

Did you have any complications from surgery or anesthesia? _____

Are you under a physician’s care? YES NO If “Yes”, what condition? _____

Family Physician _____ Date you last saw this doctor? _____

Last Physical Exam? _____ Last EKG? _____ Last Chest x-ray? _____

May we contact your physician about your health? YES NO

Name of your pharmacy or drug store: _____ Phone number: _____

What medications do you take regularly? _____

List any Herbal products being taken: _____

Check () any of the following you have now, or have had a problem with in the past:

- | | | | | |
|------------------|---------------------|---------------------|------------------------|--------------------|
| Anemia | Frequent Infections | High Blood Pressure | Liver | Skin |
| Arthritis | Glaucoma | High Cholesterol | Lungs | Stomach Ulcers |
| Asthma | Gout | HIV | Lupus | Stroke |
| Bladder Problems | Healing | Hormones | Neurological Disorders | Tuberculosis |
| Cancer | Heart Problems | Intestines | Poor Circulation | Unexplained Weight |
| Diabetes | Hepatitis | Kidney | Rheumatic Fever | Loss |

If this will be your first visit to Green Country Podiatry, please fill out the Initial Visit form below:

Green Country Podiatry

INITIAL VISIT FORM

Your first visit to Green Country Podiatry Center will usually take longer than subsequent visits. This is because we need to learn as much as we can about you, your medical history, and the reason you came in to see us. The extra time we take for this initial examination will give us the information we need to diagnose and treat you more effectively.

Appointment date and time: _____
(Arrive here 15 minutes early to fill out paperwork)

Green Country Podiatry
3627 South Harvard Avenue
Tulsa, Oklahoma 74135
918-747-4855

If you need directions to our office, please call us at the number above and write the additional information below:

CHECKLIST

Things to bring to your appointment:

- Current photo ID
- Current Insurance card
- Co-pay and Deductible amounts due
- Copy of Prescriptions currently taking
- Any x-rays taken of your feet
- If you are a runner, bring your running shoes

Identity Theft

In an effort to help prevent Identity theft we are now following the AMA suggested guidelines, regarding the new Red Flag Rule, as required by the FTC. **This means that we will request to see Identification for all new patients, which include: drivers licenses or other photo ID, current insurance cards, and if the ID provided does not show current address, we will request a utility bill or other correspondence showing current residence.** We will also take a photograph to be placed with your medical records.

PLEASE PRINT THIS ON YOUR PRINTER AND BRING WITH YOU TO YOUR APPOINTMENT!

Thank you for your help in making your visit to Green Country Podiatry Center the best it can be.