

Adler Podiatry Clinic PLLC - Medical Information

Patient Name: _____ Date of Birth: _____ Date: _____

What foot problem(s) are you having?

When did it start? _____ Ever had similar problem(s)? Yes No Was it treated Yes No

When? _____ By whom? _____

ALLERGIES? Penicillin Aspirin Codeine Novacaine Sulfa Tape Iodine

Other: _____

MEDICATIONS? Insulin Coumadin Blood Pressure Arthritis Diet Heart Depression

Diabetic Medication Birth Control Pills

List All Current Medications

OPERATIONS? _____

INJURIES? _____

What is your **Height** _____ **Weight** _____ **Age** _____

Do you **Smoke**? Yes No Packets/Day: _____ Use **Alcohol**? Yes No

Have you ever been Treated for any of the following Medical Conditions:

- Diabetes Poor Circulation Arthritis Stomach Seizures Thyroid Bone Cancer
 Heart Blood Pressure Liver Lung Kidney Breathing Bleeding Blood
 Muscle Immune Disorders Nerve Medical, Physical, or Emotional Problems
 Other _____

Female Patients, is there a chance of Pregnancy? Yes No

Complete and Fax (904) 731-9270 or Bring to Your Appointment