



<u>Patient Information</u>			
Last Name:		First Name:	
Middle Name:			
Sex: ☐ F ☐ M	DOB:		SSN:
Marital Status: ☐ Minor ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed			
Home Phone#:		Cell Phone#:	
Work Phone#:		Emai	
Physical Address:			
City:		State:	Zip:
☐ Mailing Address same as Physical Address			
Mailing Address:			
City:		State:	Zip:
Primary Physicians Name:			Phone#:
Pharmacy Name:			Phone#:
<u>Emergency Contact</u>			
Emergency Contact Name:			
Phone#:		Relationship:	
<u>Employment</u>			
Status: ☐ Student ☐ Employed ☐ Unemployed ☐ Retired			
Occupation:		Employer:	
<u>Insurance Information</u>			
<u>Primary Insurance:</u>			
Subscriber Name:		☐ M ☐ F	
Subscriber DOB:		Subscriber SSN:	
Relationship to insured: ☐ Self ☐ Spouse ☐ Child ☐ Other		Insurance Phone#:	
Member ID #:		Group ID #:	
<u>Secondary Insurance:</u>			
Subscriber Name:		☐ M ☐ F	
Subscriber DOB:		Subscriber SSN:	
Relationship to insured: ☐ Self ☐ Spouse ☐ Child ☐ Other			
Insurance Phone#:			
Member ID #:		Group ID #:	

I hereby authorize Total Podiatry to release medical information pertinent to the filing of insurance claims for me. I authorize my insurance carrier to pay benefits directly to Total Podiatry on any unpaid services filed on my behalf. I understand that **I AM FINANCIALLY RESPONSIBLE** for all charges, whether paid by insurance or not, and for all services rendered on my behalf or my dependents. I understand that I am financially responsible for any collection fee should I default on any patient balances. I also understand that Total Podiatry is not ultimately responsible for collecting my insurance or negotiating settlements of claims. I authorize Total Podiatry to release the information required to secure the payment or benefits. I authorize the use of the signature on all insurance submissions.

Signature of Responsible Party: _____ Date: _____

History of Present Illness / What brings you in?		
What is your specific foot/ankle problem?	Which foot/ankle is involved? ☐ Right ☐ Left ☐ Both	
	First visit to a doctor for this problem? ☐ Yes ☐ No	
	Have you had a similar problem in the past? ☐ Yes ☐ No	
When did the problem begin?	How was the problem onset? ☐ Sudden ☐ Gradual	
The problem is worst: ☐ AM ☐ PM ☐ At Rest ☐ With Activity		
Is the problem painful? ☐ Yes ☐ No Is so, rate your current pain: (none) 0 1 2 3 4 5 6 7 8 9 10 (worst)		
Describe the pain: ☐ Sharp ☐ Dull ☐ Aching ☐ Throbbing ☐ Cramping ☐ Itching ☐ Popping ☐ Burning ☐ Tingling ☐ Clicking ☐ Shooting ☐ Stabbing ☐ Other		
Have you experienced any trauma or injury to the area? ☐ Yes ☐ No If so, is it work-related? ☐ Yes ☐ No		
History and Physical		
Height:	Weight:	Shoe size:
List of Medications:		
Allergies: ☐ None ☐ Adhesives/Tape ☐ Aspirin ☐ Codeine ☐ Cortisone ☐ Iodine ☐ Latex ☐ Local Anesthetics ☐ Penicillin ☐ Seafood/Shellfish ☐ Sulfa Drugs ☐ Other		
Social History		
Do you drink alcohol? ☐ No ☐ Rarely ☐ Socially ☐ Everyday		
Do you drink caffeinated beverages? ☐ No ☐ Yes How much?		
☐ I use or have used Tabaco Products	Type:	
Packs/ Day:	Years:	When stopped?
I stand % of my day	I exercise each week: ☐ 0 days ☐ 1-2 days ☐ 3+ days	
List Sports/Activities:		
☐ My foo/ankle problem limits my activities		
Medical History		
☐ Diabetes Type:	☐ Gout	☐ Neuropathy
☐ Acid Reflux	☐ Healing Problems/ Keloids	☐ Osteomyelitis/Bone Infection
☐ Anemia	☐ Heart Disease/Heart Attack	☐ Parkinson's Disease
☐ Anesthesia complications	☐ High blood Pressure (☐ Low BP?)	☐ Previous Addiction to:
☐ Arthritis (☐ Osteo / ☐ Rheum)	☐ High Cholesterol	☐ Pulmonary Embolism
☐ Asthma	☐ Hormone Therapy	☐ Rashes/Skin Condition
☐ Blood Clot/ DVT	☐ Immune Disorder/HIV	☐ Raynaud's Disease/Phenomena
☐ Cancer:	☐ Kidney disease (☐ Dialysis)	☐ Seizure Disorder/Epilepsy
☐ Cellulitis/Skin infection (☐ MRSA?)	☐ Liver Disease (☐ Hepatitis)	☐ Sickle Cell Disease/Trait
☐ Circulation Problems	☐ Leg cramps/Leg pain at Rest	☐ Sleep Apnea
☐ Dementia/Alzheimer's	☐ Lung Condition:	☐ Stomach Ulcers
☐ Excessive/Easy Bleeding	☐ Mitral Valve Prolapse/Murmur	☐ Stroke ☐ RT ☐ LT (year)
☐ Fibromyalgia	☐ Multiple Sclerosis	☐ Thyroid Condition (☐ Hi ☐ Lo)
☐ Foot/Leg Ulcer	☐ Nervous Disorder/Depression	☐ Varicose Veins
☐ Other problems not listed:	☐ Pregnant	☐ Breast Feeding

Past Surgeries													
☐ Foot/Ankle Surgery:					☐ Stent Replacement: Heart Leg (circle one)								
☐ Joint Replacement:					☐ Cosmetic Surgery:								
☐ Open Heart / Bypass Surgery					☐ Appendix ☐ Gallbladder ☐ Tonsils/Add								
☐ Hysterectomy ☐ Tubal ligation ☐ C- Section					☐ Leg Bypass ☐ Open Fracture repair								
☐ Carotid Surgery ☐ Vein Surgery					☐ Hernia repair ☐ Thyroid ☐ Back Surgery								
☐ Other:													
Family History													
M - Mother		F – Father				S - Sister		B - Brother		GP - Grandparent			
☐ Cancer		M	F	S	B	GP		☐ Kidney Disease	M	F	S	B	GP
☐ Diabetes		M	F	S	B	GP		☐ Liver Disease	M	F	S	B	GP
☐ Blood Clot		M	F	S	B	GP		☐ Foot Problems	M	F	S	B	GP
☐ Heart Disease		M	F	S	B	GP		☐ Other:	M	F	S	B	GP
☐ High Blood Pressure		M	F	S	B	GP							
Review of Systems: (Please check the box if you currently have any of these symptoms or check "NONE")													
Cardiovascular	☐ Ankle Swelling ☐ Cold Feet/ Hands	☐ Leg Pain ☐ Leg Swelling	☐ Palpitations ☐ Vascular Disease	☐ NONE									
Gastrointestinal	☐ Abdominal Pain ☐ Blood in Stool ☐ Constipation	☐ Decreased Appetite ☐ Diarrhea	☐ Heartburn ☐ Vomiting ☐ Ulcers	☐ NONE									
Genitourinary	☐ Blood in Urine ☐ Decreased Urination	☐ Excessive Urination ☐ Kidney stones	☐ Incontinence ☐ Painful urination	☐ NONE									
Integumentary	☐ Athletes Foot ☐ Callus/Corns ☐ Cracked Heels	☐ Ingrown Toenail ☐ Keloids ☐ Nail Changes	☐ Nail Fungus ☐ Ulcers ☐ Warts	☐ NONE									
Musculoskeletal	☐ Ankle pain ☐ Arch pain ☐ Ball pain	☐ Bottoms of Foot pain ☐ Flat Feet	☐ Heel Pain ☐ Toe Pain ☐ Top of Foot Pain	☐ NONE									
Neurological	☐ Numbness ☐ Paralysis	☐ Seizures ☐ Tingling/Burning	☐ Tremors ☐ Weakness	☐ NONE									
Respiratory	☐ Chest Pain ☐ COPD	☐ Coughing ☐ Shortness of Breath	☐ Wheezing	☐ NONE									

PLEASE READ AND SIGN

The above information is correct to the best of my knowledge. I understand that throughout my treatment, I AM RESPONSIBLE for notifying the physician and/or medical staff of any and all updates to the information listed above.

Signature of Responsible Party: _____ Date: _____



NOTICE OF PRIVACY PRACTICE

Patient Name: _____ Date of Birth: _____

I have been provided with a copy of the “Notice of Privacy Practices.”

Patient Signature/Representative: _____

Please list below the names, relationship, and phone number of any authorized individuals (spouse, family members, friends, caregivers, etc.) that we may discuss your medical or financial information with.

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Patient Signature/Representative: _____ Date: _____

OR

If you do not want any of your medical or financial information discussed with anyone other than yourself, please sign below.

Patient Signature/Representative: _____ Date: _____

**THE ABOVE INFORMATION IS PRIVATE AND CONFIDENTIAL
AND WILL BE PLACED IN YOUR CHART.**



CONSENT TO EMAIL OR TEXT USAGE FOR APPOINTMENT REMINDER
AND OTHER HEALTHCARE COMMUNICATIONS

Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information. If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information at that email or text address from the Practice.

_____ (Patient initials) I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing. I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information to the following Cell Phone number: _____.

The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

Signature: _____

Name: _____

Date: _____



NO SHOW/MISSED APPOINTMENT POLICY

We, at Total Podiatry, understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies. If you are unable to keep your appointment, please call us as soon as possible (with at least a 24-hour notice). You can cancel appointments by calling the office.

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to attend their visit on time. As a courtesy, an appointment reminder call to you is made/attempted one to two business days prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for their appointment on time.

Please review the following policy:

1. Please cancel your appointment with at least 24 hours' notice: There is a waiting list to see the providers at Total Podiatry and whenever possible, we like to fill cancelled spaces to shorten the waiting period for our patients.
2. If less than a 24-hour cancellation is given this will be documented as a "No-Show" appointment.
3. If you do not present to the office for our appointment, this will be documented as a "No-Show" appointment.
4. After the first "No-Show/Missed" appointment, you will receive a phone call or letter warning that you have broken our "No-Show" Policy. Total Podiatry will assist you to reschedule this appointment if needed.
5. A \$25 no show fee will be applied to every "No-Show/Missed" appointment if you have 2 or more.

I have read and understand Total Podiatry No Show/Missed Appointment Policy and understand my responsibility to plan appointments accordingly and notify Total Podiatry appropriately if I have difficulty keeping my scheduled appointments.

Patient Name

Date of Birth

Date

Patient Signature or Parent/Guardian if minor

Relationship to Patient



Authorization and Release of Multimedia Images and Filming Information

I consent for medical imaging (photo, video, and/or audio) to be made of me or my child (or for person whom I am legal guardian) on behalf of Total Podiatry may be used in connection with publicizing and promoting Total Podiatry. I authorize Total Podiatry to use my name, brief biographical information, and the medical images as defined on this form.

I hereby irrevocably authorize Total Podiatry to copy, exhibit, publish or distribute the medical images for purposes of publicizing Total Podiatry services or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against Total Podiatry for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy wherein my testimonial appears.

I hereby hold harmless and release Total Podiatry from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read the authorization and release information and give my consent for the use of my testimonial as indicated above.

Print Name: _____

Signature: _____

Date: _____

Email: _____

Address: _____

City, State, Zip: _____

Notice of availability of language assistance services and auxiliary aids and services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-210-643-6798 (TTY: 711 (Relay Texas)) or speak to your provider.

Español Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-210-643-6798 (TTY: 711 (Relay Texas)) o hable con su proveedor.

Việt Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-210-643-6798 (Người khuyết tật: 711 (Relay Texas)) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 Chinese (Simplified)

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-210-643-6798（文本电话：711 (Relay Texas)）或咨询您的服务提供商。

中文 Chinese (Traditional)

注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-210-643-6798（TTY：711 (Relay Texas)）或與您的提供者討論。

한국어 Korean

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-210-643-6798(TTY: 711 (Relay Texas))번으로 전화하거나 서비스 제공업체에 문의하십시오.

العربية Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-210-643-6798 (711 (Relay Texas)) أو تحدث إلى مقدم الخدمة.

اردو Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-210-643-6798 (TTY: 711 (Relay Texas)) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-210-643-6798 (TTY: 711 (Relay Texas)) o makipag-usap sa iyong provider.

Français French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-210-643-6798 (TTY : 711 (Relay Texas)) ou parlez à votre fournisseur.

हिंदी Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-210-643-6798 (TTY: 711 (Relay Texas)) पर कॉल करें या अपने प्रदाता से बात करें।

فارسی Farsi

توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس 4 طور رایگان موجود می باشند. با شماره 1-210-643-6798 (ته تاپ: 711 (Relay Texas)) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

Deutsch German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-210-643-6798 (TTY: 711 (Relay Texas)) an oder sprechen Sie mit Ihrem Provider.

ગુજરાતી Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-210-643-6798 (TTY: 711 (Relay Texas)) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

РУССКИЙ Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки.

Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-210-643-6798 (TTY: 711 (Relay Texas)) или обратитесь к своему поставщику услуг.

日本語 Japanese

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-210-643-6798

（TTY：711 (Relay Texas)）までお電話ください。または、ご利用の事業者にご相談ください。

ລາວ Lao

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-210-643-6798 (TTY: 711 (Relay Texas)) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.