

**Sanjay V. Patel, DPM, FACFAS
Family Foot Care & Surgery, LLC**

Patient Registration Form

Patient Last Name _____ First Name _____

Address _____ City & Zip _____

Phone # _____ Sex M ___ F ___ Date of Birth _____ SS# _____

Employer _____ Address _____

Work # _____ Closest Relative _____ Relative # _____

Relationship of Patient to Guarantor (please circle) Self Spouse Child Other

Primary Care Physician _____ Referred by: _____

Insurance Information

Insurance Company _____ Referral Yes No

Name of Insured _____ ID # _____

Group # _____ Date of Birth _____ SS# _____

Employer _____ Relationship to Insured _____

Secondary Insurance Company _____ Referral Yes No

Name of Insured _____ ID # _____

Group # _____ Date of Birth _____ SS# _____

Patient Name _____ Date _____

Former Podiatrist _____

Are you currently under a Doctor's care? If yes, for what? _____

Social History (please circle) Tobacco Alcohol Recreational drugs
Family History (please circle) heart stroke diabetes gout arthritis cancer
Are you presently pregnant? Yes No Breast Feeding?.. Yes No
What medications are you taking regularly? _____

Do you have any allergies? _____

What was the reaction? _____

Hospitalizations and Operations? _____

Do you have or have had any of the following? (please circle)

- | | | |
|----------------------|---------------------|-----------------------|
| Foot or leg injuries | seizures | Fainting spells |
| Foot or leg numbness | liver disease | Bleeding problems |
| Weak ankles | kidney disease | blood diseases |
| Bunions | high blood pressure | circulation problems |
| Skin problems | blood transfusions | hardening of arteries |
| Toenail problems | stomach ulcers | arthritis |
| Low back pain | asthma | cancer |
| Diabetes | anemia | prone to infection |
| Heart trouble | gout | heart murmur |
| Hepatitis | | |
| Other | | |

Chief complaint (what hurts) _____

BELOW TO BE COMPLETED BY OFFICE STAFF AND DOCTOR

Findings _____

		R	L		R	L		R	L
Pulses	DP	_____	_____	Edema	_____	_____	Sensory	_____	_____
	PT	_____	_____	Temp	_____	_____	CFT	_____	_____

Height _____ Weight _____ BP _____ Shoe Size _____

Treatment _____
