

Are you pregnant? Yes No Maybe

• If yes or maybe please inform receptionist!

Do you wear high heels? Occasionally For Work Daily Never

At present, do you take any medications regularly, including birth control?

Yes No (Please list) _____

Have you tested HIV POSITIVE? Yes No Have not been tested

Do you have any diseases or medical conditions? Yes No

What are they _____

Are you subject to prolonged bleeding: Yes No / Are you taking blood thinners? Yes No

Do you have problems healing: Yes No / Are you prone to infection? Yes No

Have you been treated or had surgery for any serious medical problems, ie. Heart, Kidney, etc?

(Please list) _____

Have you ever fainted in a doctor's office: Yes No / Or when giving blood Yes No

Name of family doctor _____ Last visit _____

Address or street _____ Phone () _____

Have you ever had your feet examined? Yes No By whom: _____

Name of former podiatrist _____

Have you ever worn orthotics (shoe inserts)? Yes No Who made them? _____

What is your foot problem? _____

Robert C. Chelin D.P.M. as opposed to an M.D. (Medical Doctor) consequently there is a fee for examination, x-rays (if necessary) and/or treatment. You are responsible for fees the day of your visit!

Date Signature

Occasionally, we must change or confirm a future appointment. Who can we call if we cannot reach you?

(neighbour, relative, friend, etc.) Phone Number () _____

Name _____ Relationship _____