PODIATRIC SURGICAL ASSOCIATES

Edwin W. Wolf, DPM, MS
Diplomate, American Board of Foot and Ankle Surgery
Diplomate, American Board of Podiatric Medicine
Fellow, American College of Foot & Ankle Surgeons
Fellow, American Society of Podiatric Surgeons

Catherine N. Lee, DPM Arianna Sabghir, DPM

WELCOME TO OUR OFFICE – *Please Fill Out Completely*

Patient Information (please print)

Today's Date _____

Name _____ Date of Birth _____ Age_____

Address_____ Apt _____ Primary Phone# _____

City/State _____ Zip _____ Alternate Phone# _____

Social Security #_____ E- Mail _____

Occupation _____ Employed by _____

Address _____ City/State _____ Zip _____

Telephone: _____ Referred to our office by whom? _____

Primary Care Physician: _____ Address _____ Phone#_____

Emergency Contact: _____ Phone#: _____

Parent/Guardian: _____ Phone #: _____
(Minors under the age of 18)

Please read the following carefully and sign below:

I, the undersigned, request that payment of authorized Medicare or other health insurance benefits be made on my behalf to Dr. _____ for any services furnished me by that physician. I authorize any holder of medical information about me to release to the health care planning administration and its agents any information needed to determine these benefits or the benefits payable to related services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If "other health insurance" is indicated in item #12 on the HCFA-1500 Form, or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge and the patient is responsible for the deductible, co-insurance and non-covered services. I hereby acknowledge and understand that I am financially and fully responsible for all deductible co-insurance and non-covered charges incurred from the services rendered by my physician.

This Medicare authorization is effective during 2017-2020

A copy of the following information has been made available to me: The ownership of the practice, the expertise of the staff physician; the practice's DNR Policy, Grievance Policy, and Patient Rights and Responsibilities.

X_____
Patient / Guardian Signature

What is the chief problem for which you came to be treated? (please include all foot, ankle, knee, thigh and hip complaints)

_____

_____

_____

_____

Please continue on next page

MEDICAL AND PODIATRIC INFORMATION: **Patient**: _____

DOB: _____

Are you now, or have you been, under another doctor's care (internist/vascular/orthopedic/etc.) for any reason over the past two years?

☐ Yes ☐ No

If yes, please explain: _____

_____

SEX: ☐ Male ☐ Female Height _____ Weight _____ Shoe Size _____

Are you allergic to: ☐ Local Anesthetics ☐ Penicillin ☐ Adhesive Tape ☐ Latex ☐ Iodine

☐ Aspirin/NSAIDs ☐ Seafood ☐ Other _____

Explain: _____

Are you taking any medication or drugs at this time? (Please include over-the-counter, vitamins and homeopathic preparations)

_____

_____

Preferred Pharmacy: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Is there a personal or family history of Diabetes? ☐ Yes ☐ No

Athletic activities in which you participate: _____

_____

Have you ever been treated for any of the following? (Please check all that apply)

☐ Neuropathy	☐ Heart Problems	☐ Asthma	☐ Epilepsy	☐ Tuberculosis
☐ Poor Circulation	☐ Liver problems	☐ High/ low blood pressure	☐ Phlebitis	☐ Cancer
☐ Osteoporosis	☐ Rheumatic Fever	☐ Kidney problems	☐ Arthritis	☐ Ulcers

- Do you have severe chest pain or shortness of breath? ☐ Yes ☐ No
- Are you subject to bleeding disorders? ☐ Yes ☐ No
- Have you ever fainted in a doctor's or dentist's office? ☐ Yes ☐ No
- Has your body weight significantly changed in the past 5 years? (more than 10%) ☐ Yes ☐ No
- Do you have low back pain? ☐ Yes ☐ No
- Do you smoke cigarettes? ☐ Yes ☐ No
- Women: Is there any possibility that you are currently pregnant? ☐ Yes ☐ No

Thank you