

Sherwood A. Weisman, D.P.M., P.A.
Podiatric Medicine and Surgery
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PLEASE PRINT THE FOLLOWING INFORMATION. *Thank You!*

THIS INFORMATION IS IMPORTANT FOR YOUR HEALTH AND OUR ELECTRONIC MEDICAL RECORDS.

Patient's Full Name _____ Telephone Number _____ Cellphone _____
Street Address, City, and Zip code _____
Email Address _____ Spouse's Name _____ Your marital status: S M D W Sep.
Date of Birth _____ Age _____ Sex _____ Height _____ Weight _____ SS # _____
If you are a minor, your parents' names _____
Name of nearest relative (other than spouse) _____
Your relative's address _____ Telephone Number _____
Your Health Insurance _____ Additional Health Insurance _____
Medicare # _____ Please hand your insurance cards to receptionist so we can make a copy.
Family Physician: _____
Other medical specialists that you see: _____

Who referred you to Dr. Weisman? _____ Relationship to you _____

Office Financial Policy

All Professional Fees Are Due At The Time They Are Rendered.

All Other Arrangements Must Be Made In Advance.

I plan to pay for my visits by: Cash ___ Check ___ Credit Card ___ Insurance ___

MEDICAL SECTION QUESTIONS

What exactly is your foot, ankle, or leg problem, and why are you here today?

Who in the past did you see for this problem? _____
Do you have Diabetes? ___ How long have you had Diabetes? _____ Do you take insulin? _____
Do you have diabetic neuropathy? ___ What family members have Diabetes? _____
Do you have AIDS? ___ HIV? ___ Hepatitis (what type)? _____ For how long? _____
What are you allergic to, and what medications are you not able to take?

Have you ever had the following conditions (please circle)? High or low blood pressure, asthma, breathing, arthritis, rheumatoid arthritis, epilepsy, heart, heart attack, stroke, mini-stroke, aneurysm, mitral valve prolapse, heart valve, pacemaker, coronary artery stents, congestive heart failure, peripheral arterial disease, poor circulation, heart surgery, coronary artery bypasses, lower extremity arterial bypasses, varicose vein surgery, foot ulcers, ankle ulcers, false teeth, dentures, poor eyesight, macular degeneration, cataracts, glaucoma, blindness, contact lens, eyeglasses, hearing, hearing aids, psoriasis, eczema, rashes, basal cell or squamous cell carcinoma, malignant melanoma, Kaposi's sarcoma, cancer, lymphoma, sarcoma, lungs, lung cancer, breathing, bronchitis, swallowing, GERD, hiatal hernia, hernia, hypothyroidism, hyperthyroidism, esophagus, trachea, sleep apnea, skin fungus, toenail fungus, osteomyelitis, amputations, herniated discs, spine surgery, epidural injections, neuropathy, polio, fractures, fractures in feet, toe fractures, Crohn's disease, ligaments, tendons, plantar fasciitis, joints, stomach or intestinal ulcers, anemia, sepsis, abscesses, blisters, injuries, accidents, automobile accidents, plastic surgery, breast cancer, prostate surgery, prostate cancer, blood transfusions; bunion, hammertoe, or other foot surgeries; colon cancer, colon or intestinal surgery; swelling (edema) in legs, ankles, and feet; neck, back, mouth, teeth, urinary bladder, bladder cancer, gall bladder, gout, osteoporosis, fingers, hands, carpal tunnel syndrome, carpal tunnel surgery; hand, arm, thigh, knee, or leg fractures; liver, kidney, liver or kidney transplant, tingling or burning sensation, numbness, toenail surgery.
FOR OTHER CONDITIONS, ILLNESSES, OR SURGERIES NOT LISTED ABOVE PLEASE WRITE ON SEPARATE SHEET.

