

Medical History Form

Dr. Natalie Price Preston, Podiatrist
Dr. J Ryan Hartlen, Podiatrist

DATE: _____

NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

PHONE NUMBER _____ (HOME) _____ (CELL/WORK)

EMAIL: _____

EXTENDED HEALTH CARE PLAN: Blue Cross: _____ Great West Life: _____ Other Plan: _____ DVA: _____

HEIGHT: _____ WEIGHT: _____ SHOE SIZE: _____

OCCUPATION: _____

FAMILY DOCTOR: _____

HOW DID YOU HEAR ABOUT OUR CLINIC?

- Referred by: _____
- Newspaper: Which? _____
- Family/Friend: _____
- Other: _____

ALLERGIES: _____

MEDICATIONS: _____

REASON FOR THIS VISIT: _____

SURGICAL PROCEDURES: _____

CHECK ALL THAT APPLY:

- | | | | |
|----------------------------------|---|--|---------------------------------------|
| <input type="radio"/> Anemia | <input type="radio"/> Fibromyalgia | <input type="radio"/> Multiple Sclerosis | <input type="radio"/> Stroke |
| <input type="radio"/> Anxiety | <input type="radio"/> Gout | <input type="radio"/> Muscular Dystrophy | <input type="radio"/> Thyroid Disease |
| <input type="radio"/> Asthma | <input type="radio"/> Heart attack | <input type="radio"/> Osteoarthritis | <input type="radio"/> Varicose Veins |
| <input type="radio"/> Cancer | <input type="radio"/> Hepatitis A/B/C | <input type="radio"/> Osteoporosis | <input type="radio"/> Other: _____ |
| <input type="radio"/> Depression | <input type="radio"/> High blood pressure | <input type="radio"/> Polio | _____ |
| <input type="radio"/> Diabetes | <input type="radio"/> High cholesterol | <input type="radio"/> Pregnancy | _____ |
| <input type="radio"/> Eczema | <input type="radio"/> Kidney disease | <input type="radio"/> Psoriasis | _____ |
| <input type="radio"/> Emphysema | <input type="radio"/> Liver disease | <input type="radio"/> Psoriatic Arthritis | _____ |
| <input type="radio"/> Epilepsy | <input type="radio"/> Lupus | <input type="radio"/> Rheumatoid Arthritis | _____ |