ADVANCED FOOT & ANKLE SPECIALISTS OF JACKSONVILLE

5819 Booth Rd
Jacksonville, FL 32207
Tel: (904) 731-1711
Fax:(904) 731-9270
www.advancedfootjax.com

Personal Information:

Full Name: _____ Date of Birth:_____Age: ____

Gender: M ☐ F ☐ Preferred Pharmacy: _____

Pharmacy Address: _____

In the past month, have you experienced any of the following:

☐ recent hearing/vision changes ☐ chest pain ☐ shortness of breath ☐ falls/unsteadiness

☐ heat/cold intolerance ☐ skin rashes ☐ memory problems ☐ unexplained muscle weakness

Please describe your current foot/ankle problem:

When or how did your problem start: _____

Have you previously received treatment for this problem or a similar problem? ☐ Yes ☐ No

If yes, when_____ and by whom _____

Lifestyle History

What is your occupation? _____ How many hours per day do you stand or walk? Do you wear special work shoes? ☐ Yes ☐ N

Smoking Status:

□ Nonsmoker

□ Former smoker; approximate date or year quit:

□ Current Smoker packs/day

Alcohol Consumption:

How many alcoholic drinks do you consume per week?____

Pregnancy/Nursing Status:

□Not Applicable □ Pregnant □ Nursing/pumping

Medical History

Please check if you have been diagnosed with any of the following conditions:

□ Diabetes Mellitus	□ Stomach ulcers/ GI bleeding	□ Blood clots / DVT
□ High blood pressure	□ Low thyroid	□ Arthritis
□ High cholesterol	□ Blood disorders	□ Liver disease
□ Kidney disease; stage	□ Cancer:	□ Seizures
□ Congestive Heart Failure	□ Arterial Disease/PVD	□ Chronic pain

Please list any other medical conditions not included above:

Primary Physician: If Diabetic, Mth/Yr Last Seen

Previous Surgeries: Please list any previous surgeries you have undergone:

Medications: Please list all medications (and dosages) you are currently taking, including over-the-counter drugs and supplements

Allergies : Please check if you are allergic to any of the following medication

□ Penicillin, reaction: _____ □ Sulfa □ Lidocaine/Novacaine □ Tape

Please list any additional allergies: _____

Is there anything else you would like our doctors/staff to know?

Referral Source: How did you hear about Adler Podiatry Clinic? _____

***Print or Save Your Information Before Exiting