

ALLIED FOOT SPECIALISTS

Comprehensive Medical & Surgical Management of the Foot

#203 – 8425 120th St., **Delta**, BC V4C 6R2 Tel: 604-597-5098

#404 – 750 W. Broadway, **Vancouver**, BC V5Z 1H3 Tel: 604-874-6223

www.alliedfootspecialists.com

Name _____ M / F Age _____

Address _____ City _____ Postal Code _____

Phone (h) _____ (w) _____ (c) _____ (email) _____

Birth date (mo/day/yr) ____/____/____ Occupation _____

Height ____ Weight ____ Shoe Size ____ Family Doctor _____ Tel: _____

Spouse/Partner/Guardian _____ Work Phone _____

State the nature of today's visit _____

Whom may we thank for referring to the office?

FAMILY DR. INTERNET/WEBSITE YELLOW PAGES FRIEND ADVERTISEMENT HEALTH CARE PROFESSIONAL

Other: _____

Do you have prolonged bleeding after a cut? Yes / No

Do you smoke? Yes / No Quantity ____ How long ____

Do you drink alcohol? Yes / No Quantity _____

Do you have DIABETES? Yes / No Diagnosed _____

Does anyone in the family have diabetes Yes / No Who _____

Current Medications _____

Allergies to medications or food _____

Have you ever been tested for HIV? Yes / No If yes, positive or negative

Have you ever had Hepatitis? Yes / No Which type _____

Serious illness or operations within 5 years? Yes / No Describe _____

Previous foot injuries/ foot surgery? _____

Do you have, or have you ever had:

Heart trouble Eye problems Arthritis Asthma Rheumatic fever Epilepsy

Kidney problems Liver problems Stomach problems High blood pressure

Faint easily