ALLIED FOOT SPECIALISTS

Comprehensive Medical & Surgical Management of the Foot

☐ #1104 – 750 W. Broadway, **Vancouver, BC V5Z 1J1 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