

## New Patient Information

### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone:(h) \_\_\_\_\_ (c) \_\_\_\_\_  
 Health Care Number \_\_\_\_\_ Sex: M / F Birth Date: dd/mm/yyyy E-mail: \_\_\_\_\_

### Medical Information

Family Doctor: \_\_\_\_\_ Last Date Seen: \_\_\_\_\_  
 Previous Podiatrist: \_\_\_\_\_ Last Date Seen: \_\_\_\_\_

Were you referred to this office ? Y / N

How did you hear about the Chinook Foot and Ankel Clinic ? \_\_\_\_\_

### Have you had any of the following? Y / N

Numbness in feet	Y	N	Kidney Disease	Y	N
Numbness in ankles	Y	N	Cramps	Y	N
Liver Disease	Y	N	Swelling in feet	Y	N
Varicose Veins	Y	N	High Blood Pressure	Y	N
Arthritis	Y	N	Diabetes	Y	N
Anemia	Y	N	Asthma	Y	N
Ulcers	Y	N	Heart Disease	Y	N
Hepatitis	Y	N	HIV / AIDS	Y	N

Do you have a **Family History** of the illnesses above ? \_\_\_\_\_

**Previous Surgeries** ? (Please List): \_\_\_\_\_

Pregnant or think you may be pregnant ? \_\_\_\_\_ Do you smoke ? Y / N

Do you have any **Allergies** to **Medications** ? (Please List): \_\_\_\_\_

Do you currently take any **Medications** ? (Please List): \_\_\_\_\_

Please describe your **Foot Problem** (s): \_\_\_\_\_

*I understand all of the above and hereby state that the information is correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_