CONNECTICUT
FOOT & ANKLE ASSOCIATES

PATIENT INFORMATION

Date:_____

Patient_____Date of Birth_____

Home Address_____

City_____State_____Zip_____

Telephone Home_____Mobile_____

E-mail_____SS#_____

Employer_____Occupation_____

Business address_____

City_____State_____Zip_____

Business Telephone_____

Name of Spouse_____Date of Birth_____

Spouse Employer_____

Business address_____

City_____State_____Zip_____

Business Telephone_____

Whom may we thank for referring you to our office?_____

245 Amity Road, Suite 110, Woodbridge, CT 06525 phone **203.936.6677** fax **203.936.6679** *www.ctfootandankleassociates.com*

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MEDICAL HISTORY - page 1

Primary Care Physician_____

Pharmacy & Location_____

What problem(s) bring you to our office?_____

_____

Height_____ Weight_____ BP_____/_____ P_____

MEDICAL PROBLEMS

Allergies/Hay Fever 477.9	Gout 274.9	Osteoporosis 733.00	Others:
Anxiety 300.00	Heart Disease 429.9	Peripheral Neuropathy 356.0	_____
Asthma 493.90	HIV 042	Poor Circulation 440.20	
Cancer 239.9	Hypercholesteremia 272.4	Pulmonary Disease 519.9	_____
COPD 496	Hypertension 401.1	Skin Problems 709.9	
Depression 311	Kidney Disease 585.9	Stroke 438.9	_____
Diabetes 250.60, 250.70	Liver Disease 573.9	Thyroid Disorder 244.9	
DVT 453.40	Low Back Problems 724.4	Venous Insufficiency 459.81	_____

MEDICATIONS	**Dosage**	**MEDICATIONS**	**Dosage**
1_____		5_____	
2_____		6_____	
3_____		7_____	
4_____		8_____	

ALLERGIES

_____Reaction_____

_____Reaction_____

_____Reaction_____

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MEDICAL HISTORY - page 2

PREVIOUS SURGERIES

_____

_____

SOCIAL HISTORY

Tobacco Use: Non-Smoker Smoker _____ Packs per Day for _____Years

Alcohol Use: Non-drinker Social drinker Moderate Heavy

FAMILY HISTORY

Mother Alive Deceased	**Father** Alive Deceased	**Brother**	**Sister**
Diabetes	Diabetes	Diabetes	Diabetes
Heart Disease	Heart Disease	Heart Disease	Heart Disease
Hypertension	Hypertension	Hypertension	Hypertension
Cancer Type:_____	Cancer Type:_____	Cancer Type:_____	Cancer _____

Signature_____ **Date**_____

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