



Fine Foot Care Center

Date Completed: _____

The information provided is strictly confidential

PATIENT INFORMATION UPDATE

PATIENT NAME: _____

It has been a while since we updated the following information, please make all necessary changes and updates

PLEASE PROVIDE ANY UPDATED INSURANCE CARDS FOR COPIES TO BE PLACED IN YOUR CHART

Please list any medical conditions you are currently being treated for:

In the past 12 months, have you had any surgeries or minor procedure? If so, please list procedure and date performed:

Allergies-Please update any allergies to medications:

Adhesive/Tape		Local Anesthetics	
Anticoagulant Therapy		Novocaine	
Aspirin		Penicillin	
Codeine		Seafoods	
Demerol		Sulfa	
Other (please list) _____			

Current Medications-Please list all current medications OR provide a list to be copied and attached to your chart:

Primary Care Physician _____

Specialist Physicians _____

Please complete the following questions **ONLY IF YOU ARE DIABETIC:**

Have you participated in the Medicare Diabetic Shoe Program in the past? (please circle) YES NO

Have you ever worn custom molded orthotics? (please circle) YES NO

Do you have a past history of diabetic foot ulcers? (please circle) YES NO

THANK YOU FOR TAKING THE TIME TO ENSURE OVERALL QUALITY CARE!