



CONFIDENTIAL REGISTRATION QUESTIONNAIRE

Please fill this questionnaire as it will be used to open your file

First name: _____	Date of birth: _____
Last Name: _____	Year/Month/Day
Gender: Male Female Age: _____	Maiden Name: _____
Address: _____	Home Phone: _____
City: _____	Work Phone: _____
Postal Code: _____	Cell Phone: _____
Weight: _____	E-mail: _____
Height: _____	Insurance Company: _____
Shoe Size: _____	Occupation: _____

You were referred by?

- My Physician - Facebook - Other: _____
- Newspaper - Other patient
- Our Website - Passing by

AGREEMENT AND CANCELLATION POLICY

You must give us 24 hour notice in order to cancel an appointment that has been confirmed. Otherwise, a 30\$ penalty fee will be billed to your account.

I, hereby, declare that the information given above is accurate. Additionally, I authorize my podiatrist to transmit any medical information (podiatric) to my physician , if needed, or to my Insurance Company for r refund purposes. I accept and agree with the cancellation policy of the clinic.

Name of the patient: _____

Signature of the patient or the legal guardian _____

Name of the legal guardian and kinship with the patient that is less than 16 years old:

Date _____

Year/Month/Day



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Name of patient: _____

MEDICAL HISTORY (If you suffer from any of these illnesses, please make the adequate selections)

- | | | |
|---------------------|---------------------|--------------------------|
| -Diabetes | -Digestive problems | -Venereal Diseases (STI) |
| -Hypertension | Which one ? _____ | Which one ? _____ |
| -Heart Disease | -Bone Problems | -Cancer |
| Which one ? _____ | Which one ? _____ | Which one ? _____ |
| -Thyroid Problems | -Liver Problems | -Psychiatric Illness |
| Which one ? _____ | Which one ? _____ | Which one ? _____ |
| -Autoimmune Illness | -Nervous Problems | -Blood Problems |
| Which one ? _____ | Which one ? _____ | Which one ? _____ |
| -Kidney Problems | -Skin Disease | -Other |
| Which one ? _____ | Which one ? _____ | _____ |

Do you have allergies? _____

Do you take medication? _____

Have you had any surgeries? _____

Have you already had an injury? (fractures, sprains, etc.) _____

Do you drink alcohol? How many glasses per day? _____

Do you smoke? _____

Do you do drugs? _____

Are you pregnant? _____

Why do you need to see a podiatrist? _____