FREDRICK S. WILSON, D.P.M.
39180 FARWELL DR., SUITE 110, FREMONT, CA. 94538
TEL. NO. (510) 796-2191

Thank you, for choosing the Advanced Foot and Ankle Center. We will strive to provide you with the finest available foot and ankle care. To help us meet all your health care needs, please fill out this form completely and provide us with your insurance card so we can handle all your insurance needs.

PERSONAL INFORMATION

Patient Name _____

Date of Birth _____/_____/_____

Parent Name (if patient is a minor) _____

Address _____ City _____ State _____ Zip _____

☐ Male ☐ Female ☐ Married ☐ Single ☐ Divorced ☐ Other _____

Home # ( ) _____-_____ Work # ( ) _____-_____ Cell # ( ) _____-_____

Driver's License # _____ State _____

Patient Social Security # _____-_____-_____

Referred by _____

Employer _____

Employer Address _____

Spouse's Name _____ Date of Birth _____/_____/_____

Spouse's Employer _____

Social Security # of Spouse or Parent_____-_____-_____

Primary Care Physician _____ Last visit _____/_____/_____

Previous Podiatrist _____ Last visit _____/_____/_____

YOUR CURRENT PROBLEM

_____

_____

What happened? _____

Is the problem getting worse? ☐ Yes ☐ No _____ Date of Onset_____/_____/_____

Has this ever happened before? ☐ Yes ☐ No Was there an injury? ☐ Yes ☐ No

How often is the pain present? _____

How long does the pain last?_____

What causes the pain? (check all that apply) ☐ Walking ☐ Squatting ☐ Kneeling

☐ Carrying ☐ Lifting ☐ Running ☐ Standing ☐ Stairs ☐ Weather

☐ Going up on the toes ☐ Other _____

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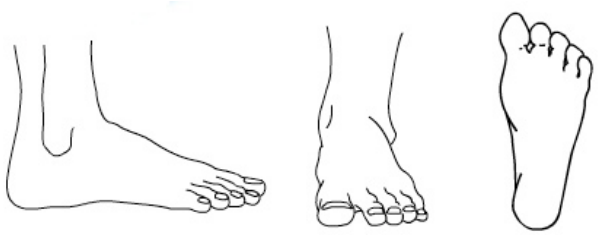
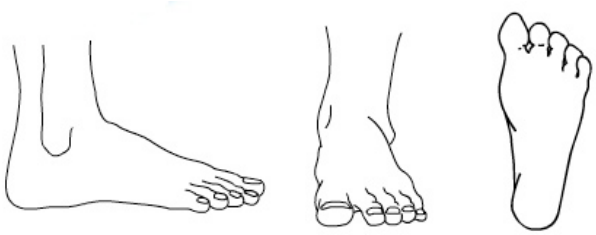
Indicate the location(s) of your foot pain:

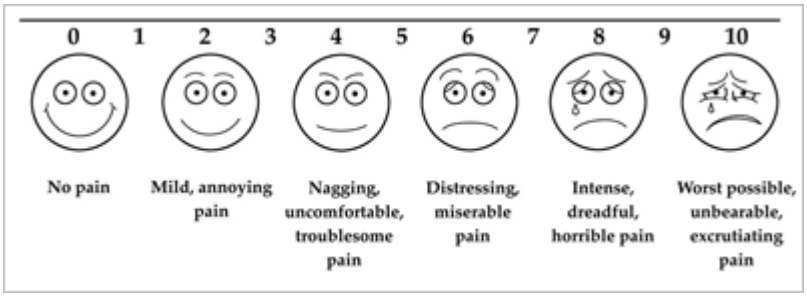
Left foot



Right foot



Rate your pain on a scale from zero (no pain) to ten (unbearable pain):



MEDICAL INFORMATION

Height _____Weight_____ Are you subject to profuse bleeding? ☐ Yes ☐ No

Previous Hospitalizations/Operations _____

_____

_____

Are you Allergic to (check all that apply) ☐ Anesthetics ☐ Antibiotics ☐ Codeine

☐ Aspirin ☐ Sulfa ☐ Adhesive Tape ☐ Other (please describe)

List all medications you are currently taking, including dosage

_____

_____

Do you have any of the following conditions? (check all that apply)

☐ Cramps ☐ Varicose Veins ☐ Kidney Trouble ☐ Swelling ☐ Arthritis ☐ Tuberculosis

☐ Heart Problems ☐ Hepatitis ☐ Numbness ☐ Stroke - Which side did it affect? ☐ L ☐ R

☐ High Cholesterol ☐ Thyroid Problems ☐ Anemia ☐ High Blood Pressure

☐ Diabetes - Most recent A1C _____ ☐ Blood Clots - Where?_____ When?_____

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EXERCISE

Do you exercise? ☐ Yes ☐ No How often? _____ For how many minutes each time? _____

What type of exercise do you do? _____

_____

How long have you been exercising regularly? _____

What kind of shoes do you wear when you exercise? _____

SOCIAL HISTORY (check where applicable)

Do you drink alcohol? ☐ Yes ☐ No How many alcohol beverages/week?_____

Do you smoke? ☐ Yes ☐ No If yes, for how many years? _____

How many cigarettes or cigars/day? _____

Do you drink coffee? ☐ Yes ☐ No How many cups/day? _____

Do you drink tea? ☐ Yes ☐ No How many cups/day? _____

Do you drink other caffeinated beverages? i.e. Coke, Pepsi, Red Bull ? ☐ Yes ☐ No

How many cans/day? _____

OCCUPATION _____

% of time spent weight bearing at work_____ Do you stand on ladders? ☐ Yes ☐ No

What type of shoes do you wear at work?_____

Do you have to engage in the following activities? (check all that apply) ☐ Squatting ☐ Kneeling

☐ Standing or walking on uneven terrain? How often? _____

FAMILY HISTORY

List current age, medical conditions. If deceased, list age at time of death, cause of death

Mother _____

Father _____

Sibling _____

Sibling _____

Sibling _____

Sibling _____

AUTHORIZATION AND RELEASE

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care. I authorize Fredrick S. Wilson, D.P.M. to administer treatment and to perform such procedures as may be deemed necessary in the diagnosis and/or treatment of the foot condition.

SIGNATURE _____ DATE _____/_____/_____