Pocono Foot & Ankle Consultants, P.C.
PODIATRIC MEDICINE AND SURGERY
411 Dogwood Road | Stroudsburg, PA 18360
P-570-476-6629 | F-570-476-6839

Health Information Sheet

Patient Name_____
First Initial Last

Patient Address_____
Street City State Zip

Patient Telephone #_____ Occupation/Employer_____

Patient Work #_____ Social Security #_____

Date of Birth_____ Age_____ Sex_____ Marital Status_____

Race: ____American Indian ____Asian ____Black/African American ____White ____Hispanic/Latino _____Other

Do you have a caregiver?_____ Name_____ Telephone #_____

Doctor Referral_____ Dr.'s Name_____ Phone #_____

*Please explain reason for visit_____

_____

_____

Who is your family physician?_____ Phone #_____

Name of Pharmacy you use:_____ Phone #_____

Please list any ***allergies*** you have to medications_____

Do you smoke?_____ Pack/day_____ Family History of: _____Diabetes _____Aesthesia Problems

Do you consume alcohol?_____ _____Cancer _____Vascular Problems

Have you ever been treated for:

_____Diabetes
_____Heart disease
_____Stroke or Blood clots
_____High blood pressure
_____Arthritis
_____Stomach/Bowel problems
_____Lung problems
_____Cancer
_____Kidney/Urinary problems
_____Liver disease
_____Thyroid disorder
_____Neurologic disorder
_____AIDS
_____Cholesterol problems

*Please list any serious illnesses or operations_____

_____

*Please list **ALL** medications_____

_____

Patient or Legal Guardian Signature:_____ Date:_____