Dr Douglas Lamb - Podiatrist

WELCOME TO OUR OFFICE!

NAME: (include complete first and last name, as written on your CareCard)											**Preferred name:**			
HEALTH CARD NO: MSP #	**9**										**Date Of Birth**	**M**	**D**	**YY**
ADDRESS: _____ **E-MAIL:**											**POSTAL CODE:**			
HOME PHONE:											**WORK PHONE(cell):**			**OCCUPATION :**
FAMILY PHYSICIAN:											**Have you seen a podiatrist before? YES NO**			
Who referred you to this office?														
What specific reason are you seeing the podiatrist for today?														

MEDICAL HISTORY

Height: Weight: Shoe size: Are you in good health? _____

Do you have Diabetes? If so, how is it being treated? _____

Is there a family history of Diabetes? _____

Have you ever been treated for any of the following?

Stomach ulcers____ Heart Problems ____Asthma ____Epilepsy ____Rheumatic Fever___

Liver___ Kidney ____Bursitis ____Hepatitis ___High Blood Pressure ____Arthritis___

List any other illnesses: _____

List any surgeries: _____

Are you allergic to any of the following?

Penicillin___ Sulfa ___ Adhesive Tape ___ Others? _____

Do your feet get tired at the end of the day? Yes No
Do you or have you ever had leg cramps? Yes No
Do you have lower back pain? Yes No
What medications are you presently taking? _____

_____

Are you subject to prolonged bleeding after cuts? Yes No

Date:_____ SIGNATURE:_____

I am responsible for payment at the time of treatment