

GIARDINA AND GLUBO, D.P.M., P.A.
PODIATRISTS

We are very glad to have you with us.

The doctor and the staff wish to welcome you to this office. Below are 19 questions to help us become better acquainted. If you need any help, please do not hesitate to ask the Podiatry Assistant at the desk.

- Date _____
1. Mr. _____ Date of Birth _____ Age _____
Mrs. _____
Miss _____
2. Address _____ City _____ Zip Code _____
3. Social Security Number _____ Work Phone _____
4. Home Phone _____ Single Married Separated Divorced
5. Employed by _____ Occupation _____
6. Name of (Husband) (Wife) or (Parent) _____
7. Employed by _____ Occupation _____
8. Does your occupation keep you on your feet?
 some time part time most of the time all of the time
9. Medical Insurance: (Many services provided by your Podiatrist are covered by medical insurance)
Name of Company Policy No.
____ Medicare _____
____ Blue Shield _____
____ Other _____
10. Whom we may thank for referring you to this office?
Name _____ Address _____
Name _____ Address _____

Medical and Podiatry Information:

11. Family Doctor _____ Last Visit _____
12. Previous Podiatrist _____ Last Visit _____
13. Are you in general good health? Yes No
14. Are you subject to prolonged bleeding? _____
15. Are you allergic to any of the following?
 Novocain Penicillin Adhesive Tape Others _____
16. Is there any personal or family history of diabetes? _____ Yes _____ No
17. Is there any personal or family history of arthritis? _____ Yes _____ No
18. Do you have low back pain? _____ Yes _____ No
19. What is the main concern about your feet or legs? _____
20. Other Comments: _____

Date _____ Signature _____