



FOOT & ANKLE

Medical Center

5141 Deer Park Dr 1C
New Port Richey Fl, 34653
Phone:727-847-2406 Fax:727-841-0567

Dr. David Allen, DPM
Dr. David Collom, DPM
Dr. Nahed Bolis, DPM

5463 Commercial Way
Spring Hill, Florida 34606-1110
Office:352-596-3338 Fax:352-597-3986

PATIENT INFORMATION

Patient Name: _____ Today's Date: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Email address: _____

Date of Birth: _____ Male: ___ Female: ___ Social Security #: _____

Pharmacy: _____ Address: _____

Pharmacy Phone #: _____

Primary Care Physician: _____ Date Last Seen: _____

INSURANCE INFORMATION

Primary Insurance: _____

Secondary Insurance: _____

EMERGENCY CONTACT

Name: _____ Phone#: _____ Relationship: _____

REASON FOR VISIT

Complaint: _____

How Did Problem Develop? _____

Prior Treatment for Problem: _____

Past Medical History: Check all that apply to you:

- Angina Asthma Bladder Infection Bleeding Blood Pressure (High) Burning Urination
- Cancer Cholesterol COPD Coronary Diabetes Glaucoma Gout Jaundice/Hepatitis
- Emphysema Kidney Disease Lung Blood Clots Stroke Stomach Ulcer Thyroid Disease Weight Loss
- Pneumonia Phlebitis Other: _____

Past Surgeries:

Allergies:

Review of Systems: Check all that apply to you:

- Back Problems Chest Pain Dizziness Eye Problems GI Problems Headaches
- Hearing Problems Heart Problems Respiratory Problems Swelling of ankle/feet Urinary Frequency

Current Medications Name/Dose

_____	_____
_____	_____
_____	_____
_____	_____

X _____ Date: _____

Signature: **Patient is giving consent to request Rx History**

Family History:

Please circle one

- | | | | |
|------------------------------------|-----------------|----------|-------|
| <input type="checkbox"/> Arthritis | Relative: _____ | Deceased | Alive |
| <input type="checkbox"/> Cancer | Relative: _____ | Deceased | Alive |
| <input type="checkbox"/> Diabetes | Relative: _____ | Deceased | Alive |

___ Gout	Relative: _____	Deceased	Alive
___ Heart	Relative: _____	Deceased	Alive
___ High Blood Pressure	Relative: _____	Deceased	Alive



5141 Deer Park Dr 1C New Port Richey Fl, 34653 Office:727-847-2406 Fax:727-841-056	Dr. David Allen, DPM Dr. David Collom, DPM Dr. Nahed Bolis, DPM	5463 Commercial Way Spring Hill, Florida 34606-1110 Office:352-596-3338 Fax:352-597-3986
------------------------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------------------------------------------------------------------------------

RELEASE OF MEDICAL INFORMATION AND AUTHORIZATION FOR TREATMENT

I authorize the release of any information necessary to process an insurance claim and to process payment of insurance benefits directly to David M Allen, DPM. I also authorize the release of medical information to physicals who participate in my care to ensure the continuity of my care. I authorize David M Allen, DPM/David S Collom, DPM to treat me and perform procedures which may include the administering of medicine and local anesthetics. A photocopy of this authorization shall be considered an original document and effective with the date noted.

Signature	Date
-----------	------

DESIGNATED INDIVIDUALS TO RECEIVE MEDICAL INFORMATION

I authorize discussion and release of my general medical information, including treatment, condition, diagnoses and payment with:

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

ACKNOWLEDGEMENT OR RECEIPT OF PATIENT PRIVACY RIGHTS AND HIPPA PRACTICE

I have received, read, and understand the Patient Privacy Rights, and the HIPPA Practice rules.

Signature	Date
-----------	------

ACKNOWLEDGMENT OF RECEIPT OF OFFICE GUIDELINES AND PAYMENT POLICY

I have received, read and understand the Office Guidelines and Payment Policy and agree to abide by the terms noted therein.

Signature Date



5141 Deer Park Dr 1C
New Port Richey Fl, 34653
Office: 727-847-2406 Fax# 727-841-0567

Dr. David Allen DPM
Dr. David Collom DPM
Dr. Nahed Bolis, DPM

5463 Commercial Way
Spring Hill, Florida 34606-1110
Office 352-596-3338 Fax: 352-597-3986

Patient Questionnaire

Patient Name: _____ **Date:** _____

D.O.B: _____

Height: _____

Weight: _____

Tobacco Use (Circle Answer)

Never Smoked Former Smoker Currently Smoke: Cigarettes/Cigar/Pipe/Chew/Dip

And if so how much: _____

Alcohol Use: (Circle Answer)

None Beer: _____ How Much: _____

Wine: _____ How Much: _____

Liquor: _____ How Much: _____

Vaccines: (Circle Answer)

Influenza (Flue Shot): **Yes** / **No**

Pneumonia Vaccines: **Yes** / **No**

If you are a Diabetic do you know your last Hemoglobin A1C: _____

Date of results and name of Lab: _____

Office Staff Use Only:

Blood Pressure:	Pulse
DM Exam: Yes / No	Fall Risk:

Signature of Assistant: