

Prestige Foot and Ankle Center

Dr. Richard Limperos DPM, ACFAS

Dr. Lisa Smith DPM, ACFAS

Dr. Kelly Kubiak DPM, ACFAS

Dr. Louis Grandinetti, DPM, ACFAS

Dr. Kevin Hammer, DPM, ACFAS

Patient Full Name _____ Phone Number _____

Address/Apt # _____ City _____ State _____ Zip _____

Email Address _____

May we leave medical information on the phone, and/or e-mail you have provided for us? Yes ___ No ___

DOB _____ Age _____ Sex _____ SS# _____

Please circle one ethnicity: Hispanic/Non-Hispanic Race _____

Marital Status-S M D W Sep. Spouse's name _____ Referred By _____

Your Employer _____ Occupation _____

Emergency

Contact/Relationship _____ Phone _____

Family Physician _____ Date of Last Visit _____

Party Responsible for Payment of Account _____

Preferred Pharmacy _____ Location _____

What specific problem brings you to our office today?

Have you been seen by a podiatrist or other doctor for this issue? YES NO _____

Please specify which ankle/ foot: L R BOTH

Was this a work-related injury? YES NO (If Yes, Make sure you've provided information for claim)

Height _____ Weight _____ Shoe Size _____ Are you pregnant? YES NO

Allergies and Reactions _____

Do you have Diabetes? YES/NO If yes, are you on insulin? YES/NO A1C Lab Value _____ Date: _____

Do you smoke? YES/NO Do you drink alcohol? YES/NO How often? _____