

Medical Information

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1. How is your general health? Good ____ Fair ____ Poor ____
2. Are you taking any medicine at the present time? Yes ____ No ____
3. Do you have any difficulties with local anaesthesia? Yes ____ No ____
4. Have you ever had or been treated for any of the following?

Yes	No		Yes	No	
_____	_____	Diabetes	_____	_____	Stomach Ulcer
_____	_____	Hypoglycemia	_____	_____	Epilepsy
_____	_____	Arthritis	_____	_____	Seizure
_____	_____	Rheumatic Fever	_____	_____	Tuberculosis
_____	_____	Asthma	_____	_____	Kidney Problems
_____	_____	High or Low Blood Pressure	_____	_____	Liver Problems
_____	_____	Gout	_____	_____	Anemia
_____	_____	Heart Disease	_____	_____	Prolonged Bleeding Time
_____	_____	Leg Cramps	_____	_____	Phlebitis or Blood Clots
_____	_____	Sickle Cell Disease	_____	_____	Sexually Transmitted Infection
_____	_____	Previous Foot Problems			<i>(be specific)</i>

5. Are you allergic to any of the following?

Yes	No		Yes	No	
_____	_____	Penicillin	_____	_____	Tape
_____	_____	Aspirin	_____	_____	Codeine
_____	_____	Cortisone	_____	_____	Other Medications
_____	_____	Antibiotics			<i>(please list below)</i>
		<i>(please list below)</i>			

6. I would like the podiatrist to take care of: *(please list all foot problems)*

7. Who may we thank for referring you to this office:

I understand that a podiatrist is not a Medical Doctor (M.D.). He is a doctor of Podiatric Medicine (D.P.M.). Consequently, podiatry fees are not totally covered by OHIP.

Signature

Date