WELCOME TO HONEYGO PODIATRY **PLEASE PRINT**

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home # (___) _____ Cell # (___) _____ Work # (___) _____

Emergency Contact: _____ Phone: (___) _____ Relationship: _____

E-Mail: _____

Family Physician: _____ Phone Number: (___) _____

Fax Number: (___) _____

Birth Date: ___/___/___ Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Employer: _____ Employer Address: _____

__FULL TIME__PART TIME __NOT EMPLOYED __SELF-EMPOYED__RETIRED __ACTIVE MILITARY DUTY __STUDENT

Pharmacy: _____ Pharmacy Phone Number: (___) _____

HOW DID YOU HEAR ABOUT US: **Doctor Referral** ☐ **Insurance** ☐ **Friend/Family** ☐ **Internet/Google** ☐

Referred by: _____ Other: _____

INSURANCE INFORMATION

Primary Insurance _____ Policy Holder _____ Birth Date: ___/___/___

Policy Holder's Employer _____ Relationship _____

Policy # _____ Group # _____

Secondary Insurance _____ Policy Holder _____ Birth Date: ___/___/___

Policy Holder's Employer _____ Relationship _____

Policy # _____ Group # _____

ASSIGNMENT OF INSURANCE BENEFITS

The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of myself and/or my dependents. I further expressly agree and acknowledge that my signature on this document authorizes my physician to submit claims for benefits and services rendered, without obtaining my signature on each and every claim to be submitted for myself and/or my dependents. I will be bound by this signature as though the undersigned had personally signed the particular claim.

I, _____, herby authorize _____ to pay and hereby assign directly to Dr. Edward S. Orman all benefits. I further acknowledge that any insurance benefits, when received by and paid to Dr. Edward S. Orman will be credited to my account in accordance with the above said assignment.

Agreed & Authorized: _____ **Date**: _____

SOCIAL HISTORY

Do or Did you smoke cigarettes? ☐Yes ☐No If Yes, packs per day? _____ Stop date: _____

Drink alcohol regularly? ☐Yes ☐No

Drug Use? ☐Yes ☐No

Allergies to any medication? ☐Yes ☐No If Yes, which medications? _____

Please list ALL medications you are currently taking: _____

_____

_____

Patient Name _____ Date _____

MEDICAL HISTORY:

Previous Surgery/Hospitalizations _____

_____

_____

FAMILY HISTORY (check if anyone in your family has had or had the following)

	MOTHER	FATHER	SILBINGS	CHILDREN	OTHER RELATIVE
CANCER					
DIABETES					
HEART DISEASE					
ARTHRITIS					
OSTEOPOROSIS					
AGE (IF LIVING)					

SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)

	YES	NO		YES	NO
Chronic Headaches/Migraines			**Diabetes**		
Dizziness			**High Blood Pressure**		
Fainting Spells/Blackouts			**High Cholesterol**		
Eye Disease/Glaucoma/Cataracts			**Joint Pains/Swelling**		
Double Vision			**Swelling of ____Feet _____Ankles**		
Recent Vision Impairment			**Numbness/Tingling of hand/Feet**		
Impaired Hearing			**Color Changes in the Hands**		
Ringing in the Ears			**Chest Pressure/Chest Pain**		
Dryness of _____Eyes _____Mouth			**Chronic Back Pain**		
Recent Hair Loss			**Chronic Neck Pain**		
Asthma			**Parkinsonism**		
Recurrent Fever			**Osteoporosis**		
Thyroid Disorder			**Sciatica**		
Pneumonia			**Anemia or Blood Disorder**		
Pleurisy			**Skin Rash**		
Frequent Cough			**Psoriasis**		
Tuberculosis Exposure			**Recent Weight ____Gain _____ Loss**		
Difficulty Breathing			**Loss of Appetite**		
Coughing Up Blood			**Constant Thirst or Hunger**		
Rheumatic Fever			**Stomach/Duodenal Ulcer**		
Difficulty Urinating			**Abdominal Pain/Heart Burn**		
Painful/frequent Urination			**Frequent Nausea/Vomiting**		
Blood in Urine			**Heart Murmur**		
Nighttime Urination _____Times			**Cancer**		
Prostate Disorder			**Palpitations**		
Recurring Bladder Infections			**Convulsions OR Epilepsy**		
Kidney Disease/Stones			**Hepatitis/Jaundice**		
Pancreatitis			**HIV Virus Positive**		
Diverticulitis			**Chronic Anxiety**		
Phlebitis			**Depression**		
Insomnia					

Reason for office visit today: _____

_____

_____