WELCOME TO HONEYGO PODIATRY			PLEASE PRINT
Last Name:		First Name:	MI:
Address:	City:	State:	Zip:
Home # ()	Cell # <u>()</u>	Work # (	)
Emergency Contact:	P	hone: ()	Relationship:
E-Mail:			
Family Physician:		Phone Number: ()	
		Fax Number: ( )	
Birth Date: / /	Mari	tal Status: Single Married	
Employer:	EmployerAddress:		
FULL TIMEPARTTIMENOTE	MPLOYEDSELF-EMPC	)YEDRETIREDACTIVE MILITA	ARY DUTYSTUDENT
Pharmacy:	Phar	macy Phone Number: ( )	
- Haimacy.	Filal	macy frione 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	-		Date://
, , ,		Relationship	
Policy #	Group	) #	
ASSIGNMENT OF INSURANCE BEN	<u>IEFITS</u>		
The undersigned hereby authorizes the releas dependents. I further expressly agree and ack and services rendered, without obtaining my by this signature as though the undersigned if	nowledge that my signature o signature on each and every co had personally signed the part	n this document authorizes my physician laim to be submitted for myself and/or m	to submit claims for benefits y dependents. I will be bound
Dr. Edward S. Orman all benefits. I further acking credited to my account in accordance with the	nowledge that any insurance l	benefits, when received by and paid to Dr	Edward S. Orman will be
Agreed & Authorized:	J	Date:	
SOCIAL HISTORY			
Do or Did you smoke cigarettes?	□Yes □No If Ye	s, packs per day?Stop o	date:
<b>o</b> ,	□Yes □No		
_	☐Yes ☐No ☐Yes ☐No ☐ If Ye	s, which medications?	
Please list ALL medications you are			
riease list ALL Heulddiolis you die	currently taking.		

### Previous Surgery/Hospitalizations    FAMILY HISTORY (check if anyone in your family has had or had the following)   MOTHER   FATHER   SILBINGS   CHILDREN   CANCER   DIABETES		
MOTHER FATHER SILBINGS CHILDREN ( CANCER		
MOTHER FATHER SILBINGS CHILDREN (CANCER DIABETES HEART DISEASE ARTHRITIS DISTEOPOROSIS AGE (IF LIVING) TYPES NO Diabetes Dizziness High Blood Pressure High Blood Pressure High Cholesterol Eye Disease/Glaucoma/Cataracts Diouble Vision Swelling of Feet Secent Vision Impairment Numbness/Tingling of ham mapaired Hearing Color Changes in the Hand: Chronic Back Pain Recent Hair Loss Asthma Parkinsonism Recent Hair Loss Chronic Discorder Preumonia Anemia or Blood Disorder Preumonia Programs		
MOTHER FATHER SILBINGS CHILDREN ( CANCER		
MOTHER FATHER SILBINGS CHILDREN ( CANCER		
MOTHER FATHER SILBINGS CHILDREN (CANCER DIABETES HEART DISEASE ARTHRITIS DISTEOPOROSIS AGE (IF LIVING) TYPES NO Diabetes Dizziness High Blood Pressure High Blood Pressure High Cholesterol Eye Disease/Glaucoma/Cataracts Diouble Vision Swelling of Feet Secent Vision Impairment Numbness/Tingling of ham mapaired Hearing Color Changes in the Hand: Chronic Back Pain Recent Hair Loss Asthma Parkinsonism Recent Hair Loss Chronic Discorder Preumonia Anemia or Blood Disorder Preumonia Programs		
CANCER DIABETES HEART DISEASE ARTHRITIS DISTEOPOROSIS AGE (IFLIVING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW)  Filigh Cholesterol  High Cholesterol  High Cholesterol  Joint Pains/Swelling  Chair Joint Pains/Swelling  Swelling ofFeet  Numbness/Tingling of han  Recent Vision Impairment  Numbness/Tingling of han  Recent Hair Loss  Chest Pressure/Chest Pain  Chest Pressure/Chest Pain  Chronic Back Pain  Chronic Back Pain  Accent Hair Loss  Chronic Neck Pain  Parkinsonism  Recent Hair Loss  Chronic Neck Pain  Parkinsonism  Recurrent Fever  Osteoporosis  Thyroid Disorder  Prequent Cough  Prooriasis  Frequent Cough  Prooriasis  Frequent Cough  Constant Thirst or Hunger  Stomach/Duodenal Ulcer  Difficulty Urinating  Painful/frequent Urination  Frequent Nausea/Vomiting  Blood in Urine  Prostate Disorder  Palpitations  Convulsions OR Epilepsy		
DIABETES  HEART DISEASE  ARTHRITIS  DISSTEOPOROSIS  AGE (IFLVING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  Chronic Headaches/Migraines  Dizziness  I High Blood Pressure  Fight Cholesterol  Syey Disease/Glaucoma/Cataracts  Diouble Vision  Double Vision  Swelling ofFeet  Numbness/Tingling of han  Managared Hearing  Color Changes in the Hand  Recent Vision Impairment  Recent Hair Loss  Chronic Back Pain  Recent Hair Loss  Chronic Neck Pain  Recent Hair Loss  Chronic Neck Pain  Recent Hair Loss  Recurrent Fever  Chronic Neck Pain  Perkinsonism  Recurrent Fever  Chronic Neck Pain  Difficulty Breathing  Loss of Appetite  Coughing Up Blood  Constant Thirst or Hunger  Recent WeightGain _  Loss of Appetite  Constant Thirst or Hunger  Recurrent Fever  Stomach/Duodenal Ulcer  Difficulty Urinating  Painful/frequent Urination  Frequent Nausea/Vomiting  Recurring Bladder Infections  Convulsions OR Epilepsy	OTHER RELATIVE	
HEART DISEASE ARTHRITIS DISTEDPOROSIS AGE (IF LIVING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (BOO Pressure High Blood Pressure High Cholesterol Joint Pains/Swelling Disease/Glaucoma/Cataracts  Joint Pains/Swelling Double Vision  Swelling of Feet Recent Vision Impairment  Numbness/Tingling of hamman High Color Changes in the Hand: Chronic Back Pain  Chronic Back Pain  Parkinsonism  Recurrent Fever  Osteoporosis  Recurrent Fever  Osteoporosis  Recurrent Fever  Osteoporosis  Recurrent Fever  Prequent Cough  Psoriasis  Frequent Cough  Psoriasis  Frequent Cough  Constant Thirst or Hunger Recurring Blood  Recurring Bladder Infections  Convulsions OR Epilepsy		
ARTHRITIS DISTEOPOROSIS AGE (IFLIVING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW)  SYSTEMIC REVIEW (DO YOU NOW)  High Blood Pressure  SYSTEMIC REVIEW (DO YOU NOW)  High Blood Pressure  SYSTEMIC REVIEW (DO YOU NOW)  SYSTEMIC REVIEW (DO YOU NOW)  High Cholesterol  Syswelling of Feet  Syswelling of Feet  Color Changes in the Hand:  Chronic Neck Pain  Parkinsonism  Chronic Neck Pain  Parkinsonism  Chronic Neck Pain  Parkinsonism  Chronic Neck Pain  Anemia or Blood Disorder  Parkinsonism  Anemia or Blood Disorder  Pascent Weight		
SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  STATE OF THE FOLLOWING  STATE OR STATE		
SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  SPECIAL STATES STATE		
SYSTEMIC REVIEW (DO YOU NOW HAVE OR EVER HAD THE FOLLOWING)  YES NO  Chronic Headaches/Migraines  Dizziness  Fainting Spells/Blackouts  Eye Disease/Glaucoma/Cataracts  Double Vision  Recent Vision Impairment  Recent Vision Impairment  Ringing in the Ears  Chest Pressure/Chest Pain  Recent Hair Loss  Asthma  Recurrent Fever  Chronic Neck Pain  Parkinsonism  Recurrent Fever  Predumonia  Recent Hair Loss  Skin Rash  Peleurisy  Frequent Cough  Frequent Cough  Full Blood  Constant Thirst or Hunger  Recent WeightGain  Difficulty Breathing  Constant Thirst or Hunger  Releurating Abdominal Pain/Heart Bur  Painful/frequent Urination  Resident Hair Loss  Asthma  Recent WeightGain  Difficulty Urinating  Abdominal Pain/Heart Bur  Painful/frequent Urination  Recent WeightGain  Painful/frequent Urination  Recent WaightGain  Recent WaightGa		
Thronic Headaches/Migraines  Diabetes Dizziness  High Blood Pressure High Cholesterol Joint Pains/Swelling Double Vision  Recent Vision Impairment Mumbness/Tingling of hand Migrained Hearing M		
Chronic Headaches/Migraines  Dizziness  High Blood Pressure  High Cholesterol  Eye Disease/Glaucoma/Cataracts  Double Vision  Recent Vision Impairment  Ringing in the Ears  Dryness ofEyesMouth  Recent Hair Loss  Asthma  Recurrent Fever  Thyroid Disorder  Pleurisy  Prequent Cough  Tuberculosis Exposure  Difficulty Breathing  Constant Pressure  District Again  Coss of Appetite  Constant Prints or Hunger  Recent WeightGain  Difficulty Urinating  Painful/frequent Urination  Blood in Urine  Nighttime Urination  Recurrent Pelepsy  Pleiurisy  Prostate Disorder  Recurrent Fever  Convulsions OR Epilepsy  Recent WeightGain  Difficulty Urination  Prequent Nausea/Vomiting  Blood in Urine  Nighttime UrinationTimes  Prostate Disorder  Palpitations  Recurring Bladder Infections		
Dizziness Fainting Spells/Blackouts Fainting Spells/Blackouts Fey Disease/Glaucoma/Cataracts Double Vision Recent Vision Impairment Impaired Hearing Ringing in the Ears Dryness ofEyesMouth Recent Hair Loss Recurrent Fever Recurrent Fever Recurrent Fever Recurrent Cough Pleurisy Prequent Cough Frequent Cough Frequent Cough Frequent Cough Frequent Cough Frequent Cough Frequent Cough Recent WeightGain Difficulty Breathing Coughing Up Blood Recurrent Fever Recurrent Fever Recurrent Fever Recurrent Fever Recent WeightGain Difficulty Urinating Recent Work Badder Infections Recurrent Fever Recurrent Fever Recurrent Fever Recent Rece	YES	NO
Fainting Spells/Blackouts  Eye Disease/Glaucoma/Cataracts  Double Vision  Recent Vision Impairment  Recent Hearing  Color Changes in the Hands Chest Pressure/Chest Pain Chronic Back Pain Chronic Reck Pain Chronic Neck Pain  Recent Hair Loss  Recent Hair Loss  Chronic Neck Pain  Asthma  Recurrent Fever  Osteoporosis  Thyroid Disorder  Preumonia  Anemia or Blood Disorder Pleurisy Frequent Cough Frequent Cough Frequent Cough Frequent Cough Frequent Recent WeightGain Difficulty Breathing  Constant Thirst or Hunger Rheumatic Fever  Stomach/Duodenal Ulcer Difficulty Urinating Painful/frequent Urination Frequent Nausea/Vomiting Blood in Urine Nighttime UrinationTimes  Prostate Disorder  Recurring Bladder Infections  High Cholesterol  Swelling Lount Paint, Swelling Color Changes in the Hands Color Changes in the Hands Swelling Lost Chest Pressure/Chest Palpitations Convulsions OR Epilepsy		Д
Eye Disease/Glaucoma/Cataracts  Double Vision  Recent Vision Impairment  Recent Recent Vision Impairment  Recent Rece		$\bot$
Double Vision  Recent Vision Impairment  Recent Recent Vision Impairment  Recent Recent Hearing  Recent Hearing  Recent Hair Loss  Recent Hair Loss  Recent Hair Loss  Recurrent Fever  Recurrent Fever  Recurrent Fever  Recurrent Fever  Recurrent Guisorder  Pleurisy  Recent Recent WeightGain_ Difficulty Breathing  Constant Thirst or Hunger  Recurrent Fever  Recent WeightGain_ Constant Thirst or Hunger  Recurrent Fever  Recent WeightGain_ Loss of Appetite  Constant Thirst or Hunger  Recent WeightGain_ Loss of Appetite  Constant Thirst or Hunger  Recurrent Fever  Recurrent Fever  Recent WeightGain_ Loss of Appetite  Constant Thirst or Hunger  Recurrent Fever		
Recent Vision Impairment  Mumbness/Tingling of hand Ringing in the Ears  Chest Pressure/Chest Pain Chronic Back Pain Chronic Back Pain Chronic Neck Pain Recent Hair Loss  Chronic Neck Pain Recurrent Fever  Chronic Disorder  Chronic Neck Pain Recurrent Fever  Sciatica  Anemia or Blood Disorder Pleurisy  Skin Rash Frequent Cough Recent WeightGain _ Chronic Neck Pain Recurrent Fever  Coughing Up Blood  Constant Thirst or Hunger Recurrent Fever  Stomach/Duodenal Ulcer Chrificulty Urinating  Abdominal Pain/Heart Bur Painful/frequent Urination  Frequent Nausea/Vomiting Blood in Urine  Nighttime UrinationTimes  Prostate Disorder  Recurring Bladder Infections  Convulsions OR Epilepsy		
mpaired Hearing Color Changes in the Hands Ringing in the Ears Chest Pressure/Chest Pain Chronic Back Pain Chronic Back Pain Chronic Neck	Ankles	
Ringing in the Ears  Chest Pressure/Chest Pain Chronic Back Pain Chronic Back Pain Chronic Neck Pain Parkinsonism Recurrent Fever Osteoporosis Chyroid Disorder Cheumonia Anemia or Blood Disorder Cheurisy Skin Rash Crequent Cough Psoriasis Cuberculosis Exposure Recent WeightGain_ Difficulty Breathing Coughing Up Blood Constant Thirst or Hunger Cheumonia Chronic Back Pain Chronic Back		
Chronic Back Pain Recent Hair Loss Chronic Neck Pain Recent Hair Loss Chronic Neck Pain Parkinsonism Recurrent Fever Costeoporosis Chyroid Disorder Chronic Neck Pain Parkinsonism Recurrent Fever Costatica Preumonia Anemia or Blood Disorder Pleurisy Skin Rash Frequent Cough Psoriasis Cuberculosis Exposure Recent WeightGain_ Difficulty Breathing Coughing Up Blood Constant Thirst or Hunger Reumatic Fever Stomach/Duodenal Ulcer Difficulty Urinating Painful/frequent Urination Prequent Vination Prequent Vination Recurring Blood in Urine Recurring Bladder Infections Convulsions OR Epilepsy		$\bot$
Recent Hair Loss  Asthma  Recurrent Fever  Costeoporosis  Thyroid Disorder  Preumonia  Pleurisy  Frequent Cough  Frequent Cough  Fuberculosis Exposure  Difficulty Breathing  Coughing Up Blood  Recent Weight  Preumatic Fever  Difficulty Urinating  Prequent Urination  Blood in Urine  Nighttime Urination  Recurrent Fever  Prostate Disorder  Recent Weight  Constant Thirst or Hunger  Abdominal Pain/Heart Bur  Frequent Nausea/Vomiting  Blood in Urine  Cancer  Prostate Disorder  Recurring Bladder Infections  Convulsions OR Epilepsy		
Asthma Recurrent Fever Osteoporosis Thyroid Disorder Sciatica Pneumonia Pleurisy Skin Rash Frequent Cough Recent WeightGain _ Difficulty Breathing Coughing Up Blood Constant Thirst or Hunger Rheumatic Fever Stomach/Duodenal Ulcer Difficulty Urinating Painful/frequent Urination Blood in Urine Nighttime UrinationTimes Recurring Bladder Infections  Parkinsonism Osteoporosis Skin Rash Psoriasis Recent WeightGain Cost Appetite Constant Thirst or Hunger Stomach/Duodenal Ulcer Stomach/Duodenal Ulcer Prequent Nausea/Vomiting Cancer Prostate Disorder Recurring Bladder Infections  Convulsions OR Epilepsy		
Recurrent Fever Sciatica Phyroid Disorder Sciatica Pheumonia Anemia or Blood Disorder Pleurisy Skin Rash Frequent Cough Psoriasis Fuberculosis Exposure Recent WeightGain _ Difficulty Breathing Coughing Up Blood Constant Thirst or Hunger Reumatic Fever Stomach/Duodenal Ulcer Difficulty Urinating Painful/frequent Urination Frequent Nausea/Vomiting Blood in Urine Nighttime UrinationTimes Prostate Disorder Recurring Bladder Infections  Osteoporosis Sciatica Anemia or Blood Disorder Recent WeightGain _ Loss of Appetite Constant Thirst or Hunger Stomach/Duodenal Ulcer Abdominal Pain/Heart Bur Frequent Nausea/Vomiting Blood in Urine Cancer Prostate Disorder Convulsions OR Epilepsy		
Thyroid Disorder  Prequent Ough  Frequent Cough  Frequent Cough  Frequent Blood  Frequent Bloo		
Pneumonia Anemia or Blood Disorder Pleurisy Skin Rash Frequent Cough Psoriasis Fuberculosis Exposure Recent WeightGain _ Difficulty Breathing Loss of Appetite Coughing Up Blood Constant Thirst or Hunger Rheumatic Fever Stomach/Duodenal Ulcer Difficulty Urinating Abdominal Pain/Heart Bur Painful/frequent Urination Frequent Nausea/Vomiting Blood in Urine Heart Murmur Nighttime UrinationTimes Cancer Prostate Disorder Palpitations Recurring Bladder Infections Convulsions OR Epilepsy		+
Skin Rash   Psoriasis   Psoriasis   Recent WeightGain		$\bot$
Frequent Cough  Fuberculosis Exposure  Fuberc		$\bot$
Tuberculosis Exposure  Difficulty Breathing  Coughing Up Blood  Rheumatic Fever  Difficulty Urinating  Painful/frequent Urination  Blood in Urine  Nighttime Urination  Recurring Bladder Infections  Recurring Bladder Infections  Recurring Bladder Infections  Loss of Appetite  Constant Thirst or Hunger  Stomach/Duodenal Ulcer  Stomach/Duodenal Ulcer  Abdominal Pain/Heart Bur  Frequent Nausea/Vomiting  Heart Murmur  Cancer  Palpitations  Convulsions OR Epilepsy		+
Difficulty Breathing  Coughing Up Blood  Constant Thirst or Hunger  Stomach/Duodenal Ulcer  Difficulty Urinating  Painful/frequent Urination  Blood in Urine  Nighttime Urination  Prostate Disorder  Recurring Bladder Infections  Loss of Appetite  Constant Thirst or Hunger  Stomach/Duodenal Ulcer  Abdominal Pain/Heart Bur  Frequent Nausea/Vomiting  Heart Murmur  Cancer  Palpitations  Convulsions OR Epilepsy		$\bot$
Coughing Up Blood Constant Thirst or Hunger Rheumatic Fever Stomach/Duodenal Ulcer Difficulty Urinating Painful/frequent Urination Blood in Urine Nighttime Urination Prostate Disorder Recurring Bladder Infections  Constant Thirst or Hunger Stomach/Duodenal Ulcer Abdominal Pain/Heart Bur Frequent Nausea/Vomiting Heart Murmur Cancer Palpitations Convulsions OR Epilepsy	Loss	_
Rheumatic Fever  Difficulty Urinating  Painful/frequent Urination  Blood in Urine  Nighttime Urination  Prostate Disorder  Recurring Bladder Infections  Stomach/Duodenal Ulcer  Abdominal Pain/Heart Bur  Frequent Nausea/Vomiting  Heart Murmur  Cancer  Palpitations  Convulsions OR Epilepsy		
Difficulty Urinating Abdominal Pain/Heart Bur Painful/frequent Urination Frequent Nausea/Vomiting Blood in Urine Heart Murmur Nighttime UrinationTimes Cancer Prostate Disorder Palpitations Recurring Bladder Infections Convulsions OR Epilepsy		
Painful/frequent Urination  Programmed Frequent Nausea/Vomiting Blood in Urine  Nighttime UrinationTimes  Prostate Disorder  Recurring Bladder Infections  Frequent Nausea/Vomiting Cancer Palpitations  Convulsions OR Epilepsy		
Blood in Urine Heart Murmur Nighttime UrinationTimes Cancer Prostate Disorder Palpitations Recurring Bladder Infections Convulsions OR Epilepsy		
Nighttime UrinationTimes Cancer Prostate Disorder Palpitations Recurring Bladder Infections Convulsions OR Epilepsy	3	
Prostate Disorder Palpitations Recurring Bladder Infections Convulsions OR Epilepsy		_
Recurring Bladder Infections Convulsions OR Epilepsy		
		+
Numey Disease/Stones   Hepatitis/Jaundice		+-
Pancreatitis HIV Virus Positive		+
Pancreatitis HIV Virus Positive Diverticulitis Chronic Anxiety		+
Phlebitis Depression		+
nsomnia		+
Insumma		
Reason for office visit today:		

Patient Name \_\_\_\_\_ Date \_\_\_\_\_