Bradley S. Ross. D.P.M., P.C.

Podiatrist/Foot Specialist
7126 N. Lincoln Ave, Lincolnwood, IL 60712
Ph: 847.673.1818   Fax: 847.673.2639

(Please complete as fully as possible)

Date________________________

Patient's Name____Spouse______________________

Address____City____________________________Zip_____________

Home Phone____________________________________Work/Cell Phone____

Birth Date____Age_______________________Sex (M or F)______________

Soc. Sec. #____________________________________Height______________Weight___________Shoe Size___________

E-mail____

Patient's Occupation____________________________________Employer______________________________________

Medical Doctor's Name_______________________________________Hospital___________________________________

Medications____Pharmacy Name & City__________________________

I have or have had the following: (please check all that apply)

___Diabetes ___Stroke ___Leg cramps ___Tumors

___Epilepsy ___Asthma ___Gout ___Varicose veins

___Anemia ___Cancer ___GI Ulcers ___Bleeding tendency

___Hypertension ___Glaucoma ___Polio ___Heart trouble

___Arthritis ___TB ___Psoriasis ___Kidney trouble

Other:____

Illnesess in your family?____

List all allergies to medications____

Do you smoke? No____ Quit____years ago Yes______Amount/per day_____________Number of years________________

Do you consume alcohol?: Socially________Daily________Amount/type____

List past surgeries____

I hereby give permission to Dr. Bradley Ross to examine and treat my feet and to perform such diagnostic procedures and treatments as may be deemed necessary. I further authorize, for medical purposes, the taking of photographs of my feet.

Date______________________________Patient's Signature____