## Patient History

Name:		Date:						
What is the main problem you are hav	ing?							
Date symptoms first occurred or injury	happened:							
If injury, where did the accident occur?								
What symptoms are you having? (pair	n, swelling, etc.)							
Has another doctor treated you for this	s problem?							
What kind of treatment was done?								
Have you treated yourself for this prob	lem? (Advil, Aspirin, etc.)							
Have you ever injured this area before	?	If so, when?						
Family Physician		Date of last visit						
Hospital Preferred	Hospital Preferred Pharmacy							
Past Medical / Family History Do you and/or any family member have: (indicate with P for patient and F for family next to each that apply)								
Anemia / Blood Disorder	Headaches	High Blood Pressure	Low Back Pain					
Stomach / Reflux / Bowel Disorder	Liver Disease / Hepatitis	Arthritis / Gout	Foot/Leg Cramps					
Psychiatric Disorder / Depression	Cancer (Type)	Lupus	Foot/Leg Numbness					
Epilepsy / Neurological Disorder	Thyroid Disease	Foot / Ankle Ulcer	Foot/Ankle Surgery					
Stroke / Polio	Diabetes	Toenail Problems	Foot Pain / Injury					
Asthma / COPD	Heart Disease / Heart Attack	Bunions / Hammertoe	Ankle Pain / Injury					
Kidney / Stones / Bladder Problems	High Cholesterol	Varicose Veins	Knee Pain / Injury					
What types of surgery have you had in the past? Complications?								
Have you recently been in the hospital?								
If so, which hospital and why?								
Have you had a Flu Shot in the past 12 months Have you ever had a Pneumonia Vaccine								
Do you consume tobacco? If so, how much per day? Number of Years?								
Do you consume alcohol? If so, how much per week?								
Do you consume any illegal drugs?	If so, what and how	much per week?						
Do you have any allergies to medication	ons? If so, what?							
List Medications (prescription, over-the	e-counter, supplements/vitamins)	?						
Is there anything else the doctor shoul	d be aware of?							
Signature		Date						

## **PATIENT INFORMATION**

How Did You Hear About Dr. Walter W. Hayes?

Television Radio	Magazine Ye	llow pages	Inte	ernet Frie	nd Other_		
Patient Name		Birth Date		Age	Gender	Date	
Street (Physical) Address		SS# (needed t	SS# (needed for billing)		Marital Status		
Mailing Address	City and State	City and State Zip Cod		ode Home Phone # ( ) -			
Patient's Employment	Occupation (indicat	Occupation (indicate if student) How		long employed Cell Phone # ( ) -		-	
Employer's Address	City and State	City and State Zip of		Code Work Phone #		-	
If you would like to be able to a	ccess your medical records of	over the internet	via a sec	cure web portal pl	ease provide your	email address:	
RESPONSIBLE PARTY / SPOUSE INFORMATION							
Name	Address if different	Address if different SS# (needed for in		0.			
Employer	Occupation				- Work Phone	#	
Employer's Address	City and State				Zip Code		
INSURANCE INFORMATION - Please present cards to Front Desk							
In Case of Emergency Contact: Name							
Address		Home Phone	e	W	ork Phone		
FINANCIAL A	GREEMENT &	AUTHOR	RIZA	TION FO	R TREAT	MENT	
I authorize treatment of the person named and authorize information given to insurance companies. I agree to pay all charges shown by statements, promptly upon presentation thereof unless credit arrangements are agreed upon in writing by the office. I agree to forward any and all insurance checks that are for payment for charges to Family Foot & Ankle Center. Charges shown by statement are agreed to be correct and reasonable unless protested in writing within 30 days.							
It is agreed that payments will not be delayed or withheld because of my insurance coverage to the pendency of claims thereon, and all proceeds of insurance are assigned to the physician providing treatment, but without the office assuming responsibility for the collect thereof. I also understand services could be deemed non-covered by my insurance plan due to policy exclusion or medical necessity and any amount owed is still my financial responsibility.							
I request that payment of authorized Commercial Insurance and/or Medicare/Medicaid benefits be made on my behalf to Family Foot & Ankle Center for any services furnished to me by their physician. I authorize any holder of medical information about me to be released in order to process any insurance claims on my behalf. This may include agents from my Commercial Insurance Company and/or the Centers for Medicare & Medicaid Services including their subcontractor/affiliated companies all in order to process insurance claims properly.							
Patient or Guardian Signature							
(For Medicare/Medicaid/Commercial Insurance Signature On File)							

## Patient Name:

## Date of Birth:

Swelling of legsIChest painIPalpitationsIPalpitationsIChillsIFeverIHeadacheIExtreme thirstITired/sluggishIWeight change (Recent)IDifficulty hearingISore throatIGlasses/contactsILoss of visionICostipationIHearburnIVomitingIDiarrheaIBleeding problemsIBlod clot in legIBlod clot in legIBuise easilyINun-healing woundILeg rampsILeg rampsILeg painIBack painIParalysisIParalysisIParalysis <tdi< td="">Paralysis<tdi< td="">Paresthesia (burning, tingling, shooting)<tdi< td="">Seizures<tdi< td="">Weakness<tdi< td="">Paresthesia (burning, tingling, shooting)<tdi< td="">Seizures<tdi< td="">Weakness<tdi< td="">Paresthesia (burning, tingling, shooting)<tdi< td="">Seizures<tdi< td="">Weakness<tdi< td="">Paresthesia (burning, tingling, shooting)ISeizures<tdi< td="">Weakness<tdi< td="">Paresthesia (burning, tingling, shooting)ISeizures<tdi< td="">Weakness<tdi< td="">Paresthesia (burning, tingling, shooting)<tdi< td="">Seizures<tdi< td="">Weaknen</tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<></tdi<>	Review of Current Symptoms	YES	NO	Date of Visit
PalpitationsImage: Constraint of the symphones of	Swelling of legs			
Chills       PLEASE MARK THE         Fever       SYMPTOMS WHICH         Headache       APPLY TO YOU TODAY         Extreme thirst       Implies the symptoms which apply to you today         Tired/sluggish       Implies the symptoms which apply to you today         Weight change (Recent)       Implies the symptoms which apply to you today         Difficulty hearing       Implies the symptoms which apply to you today         Sore throat       Implies the symptoms apply to you today         Glasses/contacts       Implies the symptoms apply to you today         Loss of vision       Implies the symptoms apply to you today         Constipation       Implies the symptoms apply to you today         Manemia       Implies the symptoms apply to you today         Diarrhea       Implies the symptoms apply to you today         Nausea       Implies the symptoms apply to you today         Anemia       Implies the symptoms apply to you today         Bleeding problems       Implies the symptoms apply to you today         Rash       Implies the symptoms apply to you today         Rash       Implies the symptoms apply to you today         Leg pain       Implies the symptoms apply to you today         Numbness       Implies the symptoms apply to you to	Chest pain			
FeverPLEASE MARK THEHeadacheSYMPTOMS WHICHExtreme thirstAPPLY TO YOU TODAYTired/sluggishImplementWeight change (Recent)ImplementDifficulty hearingImplementSore throatImplementSore throatImplementGlasses/contactsImplementLoss of visionImplementConstipationImplementVomitingImplementDiarrheaImplementNauseaImplementBleeding problemsImplementBleod clot in legImplementBleod clot in legImplementBlood clot in legImplementBlood clot in legImplementBleading woundImplementLeg rampsImplementLeg painImplementBack painImplementDifficulty walkingImplementNumbnessImplementParalysisImplementParalysisImplementParalysisImplementSeizuresImplementWeaknessImplementDepressionImplementCoughImplementShortness of breathImplement	Palpitations			
HeadacheSYMPTOMS WHICH APPLY TO YOU TODAYExtreme thirstITired/sluggishIWeight change (Recent)IDifficulty hearingISore throatISore throatIGlasses/contactsILoss of visionIConstipationIHeartburnIVomitingIDiarrheaIRuse asalyINon-healing woundIRashIFoot/ankle painILeg crampsILeg rampsIDifficulty walkingINumbnessIParalysisIParalysisIParalysisIParsthesia (burning, tingling, shooting)ISeizuresIWeaknessIParesthesia (burning, tingling, shooting)ISeizuresINonheas of breathISoto preathISeizuresISubarter of motional difficultiesISoto preathISoto preathI </td <td>Chills</td> <td></td> <td></td> <td></td>	Chills			
Extreme thirstAPPLY TO YOU TODAYTired/sluggishIWeight change (Recent)IDifficulty hearingISore throatISore throatIGlasses/contactsILoss of visionIConstipationIHeartburnIVomitingIDiarrheaINauseaIAnemiaIBleeding problemsIBlood clot in legIBruise easilyINon-healing woundIRashIFoot/ankle painILeg painIBack painIDifficulty walkingINumbnessIParalysisIParalysisIParsthesia (burning, tingling, shooting)ISeizuresIWeaknessIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessISoutiertsISoutiertsIShortness of breathI	Fever			PLEASE MARK THE
Tired/sluggish	Headache			SYMPTOMS WHICH
Weight change (Recent)Image: Construct of the second of the s	Extreme thirst			ΑΡΡΙΥ ΤΟ ΥΟυ ΤΟDΑΥ
Difficulty hearingSore throatSinus problemsGlasses/contactsLoss of visionConstipationHeartburnVomitingDiarrheaNauseaAnemiaBleeding problemsBlood clot in legBruise easilyNon-healing woundRashFoot/ankle painLeg rampsLeg painBack painDifficulty walkingNumbnessParalysisParalysisParalysisParsthesia (burning, tingling, shooting)SeizuresWeaknessPsychiatric or emotional difficultiesDepressionCoughShortness of breath	Tired/sluggish			
Sore throatImage: Sore throatSinus problemsImage: Sore throatGlasses/contactsImage: Sore throatLoss of visionImage: Sore throatConstipationImage: Sore throatHeartburnImage: Sore throatVomitingImage: Sore throatDiarrheaImage: Sore throatAnemiaImage: Sore throatBleeding problemsImage: Sore throatBlood clot in legImage: Sore throatBlood clot in legImage: Sore throatBruise easilyImage: Sore throatNon-healing woundImage: Sore throatRashImage: Sore throatFoot/ankle painImage: Sore throatLeg crampsImage: Sore throatLeg painImage: Sore throatBack painImage: Sore throatDifficulty walkingImage: Sore throatNumbnessImage: Sore throatParesthesia (burning, tingling, shooting)Image: Sore threatSeizuresImage: Sore threatWeaknessImage: Sore threatShortness of breathImage: Sore threat	Weight change (Recent)			
Sinus problems Glasses/contacts Loss of vision Constipation Heartburn Vomiting Diarrhea Nausea Anemia Bleeding problems Blood clot in leg Blood schore and the sch	Difficulty hearing			
Glasses/contactsILoss of visionIConstipationIHeartburnIVomitingIDiarrheaINauseaIAnemiaIBleeding problemsIBlood clot in legIBruise easilyINon-healing woundIRashIFoot/ankle painILeg crampsIJefficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPaychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Sore throat			
Glasses/contactsILoss of visionIConstipationIHeartburnIVomitingIDiarrheaINauseaIAnemiaIBleeding problemsIBlood clot in legIBruise easilyINon-healing woundIRashIFoot/ankle painILeg crampsIJefficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPaychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Sinus problems			
ConstipationIHeartburnIVomitingIDiarrheaINauseaIAnemiaIBleeding problemsIBlood clot in legIBruise easilyINon-healing woundIRashIFoot/ankle painILeg crampsILeg painIBack painIDifficulty walkingINumbnessIParasthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI				
HeartburnImage: Constant of the second of the s	Loss of vision			
HeartburnImage: Constant of the second of the s	Constipation			
DiarrheaNauseaAnemiaBleeding problemsBlood clot in legBlood clot in legBruise easilyNon-healing woundRashFoot/ankle painLeg crampsLeg painBakt painDifficulty walkingNumbnessParalysisParesthesia (burning, tingling, shooting)SeizuresWeaknessPaychiatric or emotional difficultiesDepressionCoughShortness of breath				
NauseaIAnemiaIBleeding problemsIBlood clot in legIBruise easilyINon-healing woundIRashIFoot/ankle painILeg crampsILeg painIBack painIDifficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breath <tdi< td=""></tdi<>	Vomiting			
AnemiaIBleeding problemsIBlood clot in legIBruise easilyINon-healing woundIRashIFoot/ankle painILeg crampsILeg painIBack painIDifficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Diarrhea			
Bleeding problemsIBlood clot in legIBruise easilyINon-healing woundIRashIFoot/ankle painILeg crampsILeg painIBack painIDifficulty walkingINumbnessIParallysisISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Nausea			
Blood clot in legIBruise easilyINon-healing woundIRashIFoot/ankle painILeg crampsILeg painIBack painIDifficulty walkingINumbnessIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Anemia			
Blood clot in legIBruise easilyINon-healing woundIRashIFoot/ankle painILeg crampsILeg painIBack painIDifficulty walkingINumbnessIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Bleeding problems			
Non-healing woundIRashIFoot/ankle painILeg crampsILeg painIBack painIDifficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI				
RashIFoot/ankle painILeg crampsILeg painIBack painIDifficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Bruise easily			
Foot/ankle painILeg crampsILeg painIBack painIDifficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Non-healing wound			
Leg crampsILeg painIBack painIDifficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Rash			
Leg painIBack painIDifficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Foot/ankle pain			
Back painIDifficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Leg cramps			
Difficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Leg pain			
Difficulty walkingINumbnessIParalysisIParesthesia (burning, tingling, shooting)ISeizuresIWeaknessIPsychiatric or emotional difficultiesIDepressionICoughIShortness of breathI	Back pain			
ParalysisParesthesia (burning, tingling, shooting)SeizuresWeaknessPsychiatric or emotional difficultiesDepressionCoughShortness of breath				
Paresthesia (burning, tingling, shooting)SeizuresWeaknessPsychiatric or emotional difficultiesDepressionCoughShortness of breath	Numbness			
SeizuresWeaknessPsychiatric or emotional difficultiesDepressionCoughShortness of breath	Paralysis			
WeaknessPsychiatric or emotional difficultiesDepressionCoughShortness of breath	Paresthesia (burning, tingling, shooting)			
Psychiatric or emotional difficulties       Depression       Cough       Shortness of breath	Seizures			
Depression       Cough       Shortness of breath	Weakness			
Depression       Cough       Shortness of breath	Psychiatric or emotional difficulties			
Cough Shortness of breath	-			]
Shortness of breath	-			]
Wheezing	-			
	Wheezing			]