



Legal Name: _____ Nickname: _____

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

Marital Status: M S D W Sex: Male Female DOB: ___/___/___ Age: ___

SSN: _____ - _____ - _____ Email: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Place of Employment: _____ Occupation: _____

Is this visit accident or work related? YES NO _____

Name/Phone number of Work Comp Adjustor: _____

Referring Physician*: _____

Referring Physician's Phone Number: _____ Fax Number: _____

Primary Care Physician*: _____

Health Insurance: _____ Policy Number: _____

Pharmacy: _____ Pharmacy Phone Number: _____

Privacy:

I authorize and designate the following people listed here as contacts with the ability to communicate with my doctor(s) and the staff at JCMG regarding my medical care in both emergency and non-emergency situations.

1) _____ Phone: _____ Relationship: _____

2) _____ Phone: _____ Relationship: _____

*I authorize JCMG Podiatry to disclose my personal medical information to my primary care physician and referring physician. This will remain in effect until I submit in writing a request to discontinue this practice.

Patient's Signature (to acknowledge the above information is correct) Date

History of Present Illness: _____

Is your problem a result of an injury? _____

How/When/Where did the problem begin? _____

What are your symptoms? _____

Have you been treated in the past for this problem? YES NO DATE: _____

If YES please explain: _____

Have you had any imaging studies performed? (X-ray/CT/MRI/Ultrasound) YES NO

DATE: _____ **TEST PERFORMED/LOCATION:** _____

1) _____

2) _____

3) _____

Have you ever had surgery? YES NO

DATE: _____ **SURGERY PERFORMED/LOCATION:** _____

1) _____

2) _____

3) _____

Have you been hospitalized? YES NO

DATE: _____ **REASON/LOCATION:** _____

1) _____

2) _____

Do You have any medication allergies? YES NO

Med:_____ Reaction:_____

Med:_____ Reaction:_____

Med:_____ Reaction:_____

Social History:

Tobacco use? YES NO **If YES, Type and amount/duration:**_____

Alcohol use? YES NO **If YES, about of drinks weekly:** 1-3 4-6 7-9 10-12 12+

Drug use? YES NO **If YES, substance description:**_____

Are you currently taking any medication? YES NO

Med/Dose/Direction:_____

Med/Dose/Direction:_____

Med/Dose/Direction:_____

Med/Dose/Direction:_____

Medical History: (please list all medical problems) _____

FamilyMedical History: (please list all medical problems) _____



Dear Patient,

Welcome to JCMG Podiatry. Thank you for choosing our practice to address your foot and ankle needs! Our office is open Monday-Thursday 8am - 5pm and Friday 8am-1pm. Please feel free to contact us with any questions regarding your appointment.

In order to make your check-in process more efficient please arrive 15-30 minutes prior to your scheduled appointment time and bring the following information with you:

- 1) All 'New Patient' paperwork
- 2) Photo ID
- 3) Insurance cards
- 4) CD-ROM of any XRAY/MRI/CT scans regarding your foot and ankle care
- 5) Pertinent Medical Records

Please be aware of the following information:

1) Any Copay or previous balance is due at the time of service. Patients are financially responsible for the payment of all charges. Self-pay patients must make payment arrangements prior to visit. Charges not paid will be sent to a collection agency. In the case of default of payment patients may be responsible for legal interest on the balance due, as well as any collection costs, late fees and attorney's fees incurred in the collection of this account.

2) Please notify the office within 48 hours of the need to cancel your appointment so that the appointment time may be given to another patient.

3) Cancellation Policy: Patients must give a 24 hour notice of cancellation on all appointments. Failure to do so may result in a charge.

4) It is the patient's responsibility to call their pharmacy for refill requests. If a prescription medication refill is required by a certain day please make sure your pharmacy faxes a timely request to our office. Refill requests will not be addressed on weekends or after hours.

Thank you! We look forward to treating you.

Sincerely,
JCMG Podiatry Physicians & Staff