SCANNED:

INITIAL:

DATE:

PRAIRIE-ROCK
foot & ankle clinics

NEW PATIENT MEDICAL INFORMATION

Patient Name: _____DOB:_____

Reason for visit:_____

Preferred Pharmacy: _____ Location: _____

Height: _____ Weight: _____ Food Allergies: _____

Drug Allergies: _____

Medications you are currently taking (include any over the counter medications):

_____

_____

_____

_____

_____

Are you on blood thinners? YES or NO

Have you received the flu shot? YES or NO Date: _____

Have you received the Covid Vaccine? YES or NO Date: _____

FAMILY HISTORY

Has anyone in your family had/have the following conditions:

Heart problems: YES or NO Who? _____ What? _____

Cancer: YES or NO Who? _____ What? _____

Diabetes: YES or NO Who? _____ Type? _____

MEDICAL HISTORY

Tobacco Use: Never Prior Current Type: Chew Smoke Vape

Alcohol use: Never Occasional/Social Moderate Heavy

2825 W Division Street Manteno, Illinois 60950 Phone:815-468-7117 Fax: 815-468-7510

PRAIRIE-ROCK
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Have you had any of the following:

Joint Replacements: YES or NO Left Right Joint:_____Approx Date: _____

Foot/Ankle Surgery: YES or NO Left Right Joint:_____Approx Date: _____

Stents: YES or NO Location:_____Approx Date: _____

Heart Bypass: YES or NO Approx Date:_____

→Are you Diabetic? YES or NO Type:_____Are you on insulin? YES or NO

Last A1c:_____ Last Blood Sugar:_____

Circle any of the following conditions you currently have or have had in the past

Alzheimer's Anemia Arthritis (RA Lupus DJD Osteo) Atrial Fibrillation Asthma

Bleeding Disorder Blindness Blood Clots Broken Bones Cancer_____

Cerebral Palsy Charcot Chilblains COPD Diabetes Epilepsy Emphysema

Fibromyalgia Glaucoma Gout Hepatitis Heart Problems _____

Hypertension Leg Length Difference Liver Trouble Lymphedema

Macular Degeneration Multiple Sclerosis Osteoporosis/Osteopenia Parkinson's

Peripheral Artery Disease Polio Prolonged Bleeding Retinopathy Reynaud's

Rheumatic Fever Seasonal Allergies Seizures Skin Condition _____

Stomach Ulcers Stroke Thyroid Problems Varicose Veins