

Charlotte Foot & Ankle Specialists
2550 W Arrowood Road, Suite 102
Charlotte, NC 28273
704-504-4000 (o) / 704-504-3348 (f)

Patient Name: _____
(first) (middle) (last)

Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Height: _____ Weight: _____ Shoe Size: _____ Date of Birth: _____

Primary Care Physician: _____ Date Last Seen: _____

Marital Status: S M D W Email: _____

Employer: _____ Job Title: _____

Pharmacy Name: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Medical power of Attorney? Y N Name of POA: _____ Phone: _____

Medications (New Medications or changes in your medications):

Medication	Dosage	Frequency	Medication	Dosage	Frequency

Allergies:

Latex/Tape Lidocaine Penicillin Shellfish/Iodine Sulfa Other: _____

Flu vaccine (this winter): Y N Date flu vaccine: _____ Pneumonia vaccine (65+ done every 5 years): Y N

Covid Vaccine (dates): _____

Do you smoke: Y N What do you smoke: cigarettes cigar marijuana

How long have you been smoking? _____ How many packs/day? _____

Do you drink? Y N How many drinks/day? _____