

Charlotte Foot & Ankle Specialists
2550 W. Arrowood Road, Suite 102
Charlotte, NC 28273
704-504-4000

Patient Name: _____ DOB: _____

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Primary Care Doctor: _____ Date last seen: _____

Emergency Contact: _____ Phone: _____

Established Patient Questionnaire

Please fill out this form to the best of your ability.

Family History: Check all that apply. Please write either an **L** for Living or a **D** for Deceased on the first line.

	Mother	Father	Brother	Sister	Son	Daughter	Other
Living or Deceased?	_____	_____	_____	_____	_____	_____	_____
High Blood Pressure	_____	_____	_____	_____	_____	_____	_____
Arthritis	_____	_____	_____	_____	_____	_____	_____
Bleeding Disorders	_____	_____	_____	_____	_____	_____	_____
Cancer	_____	_____	_____	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____	_____	_____	_____
Fibromyalgia	_____	_____	_____	_____	_____	_____	_____
Hepatitis	_____	_____	_____	_____	_____	_____	_____
High Cholesterol	_____	_____	_____	_____	_____	_____	_____
HIV/AIDS	_____	_____	_____	_____	_____	_____	_____
Neuropathy	_____	_____	_____	_____	_____	_____	_____
Heart Conditions	_____	_____	_____	_____	_____	_____	_____
Gout	_____	_____	_____	_____	_____	_____	_____
Stroke	_____	_____	_____	_____	_____	_____	_____

Other: _____

Have you received a flu vaccine within the last year? _____

Have you received a pneumonia vaccine? (Only for patients 65 years+) _____

Do you have any new medications? If so, list name, dose, and frequency.

Medication	Dosage	Frequency	Medication	Dosage	Frequency

Height: _____

Weight: _____

Shoe Size: _____