

***Dr. Brian Kashan**
Dr. Chanelle Carter,
*Board Certified, American Board of Podiatric Surgery

PATIENT INFORMATION UPDATE

Welcome to our office!!!! Please fill this form out completely and if an area does not apply to you then please indicate that!!! Thank You for choosing us as your Podiatrist!!!

Name _____ Birthdate: _____

Address _____

City _____ State: _____ Zip _____

Home Phone _____ Cell Phone: _____ E-Mail: _____

Employer: _____ Work Phone _____

Medical Doctor _____ Last Visit _____

Name of Insurance (Please attach card): _____

Current Medications: _____

Current Medical Conditions: Heart Blood Pressure Diabetes Circulation HIV

Breathing Cancer Kidney Liver Ulcers Other: _____

Surgery Since Your Last Visit: _____

Allergies: _____

Do You Use: Tobacco Alcohol Drugs

Other Medical Information of Importance: _____

Current Foot Complaint: _____

How long have you had this? _____

Any prior treatment? _____

Shoe Size: _____ Weight: _____ Height: _____

YES NO **I hereby authorize payments directly to the physician of the surgical and/or medical Benefits. I hereby give Dr. Brian Kashan/Dr. Chanelle Carter permission to examine and treat my feet.**

Signature: _____ Date: _____