Regina Family Foot Clinic - Dr. M. Deiana, Dr. N. Perry, Dr. A Rohrmann & Dr. S. Ram

PODIATRY ADMISSION FORM – Please complete as accurately as possible.

Surname	First Name	Middle Initial	Date of Birth: Day Month Year

Address	Gender Male Female	Hospitalization Number:

City	Postal Code	Occupation: Employer Name:

Home Phone #	Work Phone #	Cell Phone #	E- Mail Address

Next of Kin & Relationship & Contact Phone #

Primary Care Physician	Physician Address:

Referring Physician

Optional Information

Drinker ☐ N/A ☐ Light ☐ Medium ☐ Heavy ☐ AA

Smoker ☐ N/A ☐ Light ☐ Medium ☐ Heavy ☐ Quit - When?

How did you hear about the Regina Family Foot Clinic?

Please place a check mark beside any of the following which may affect you:

☐ Diabetes Mellitus	☐ Loss of Sensation	☐ Epilepsy	☐ Liver Disease
☐ Foot/Leg Surgery	☐ Arthritis	☐ Kidney Disease	☐ Poor Eyesight
☐ Skin Disease	☐ Stroke	☐ Lung Disease	☐ Poor Hearing
☐ Poor Circulation	☐ Asthma	☐ Heart Disease	☐ High Blood Pressure

Other diseases which may have affected you in the past ten (10) years:

List the reason(s)for seeing the Podiatrist today:

Do you use any immune suppressants, steroids or anticoagulant drugs (blood thinners)? If so please give details.

Please list any drug allergies:

Please list current medications:

I understand that podiatric services provided by the Regina Family Foot Clinic are not covered by Saskatchewan Health Medical Insurance Branch (MCIB), and that payment for these podiatry services are my responsibility. I will update my records when they change in the future.

Signature: _____ **Date:** _____