**Broderick Podiatry – Patient Information Update Form**

Broderick Podiatry has implemented an Electronic Medical Records system. To ensure we have your most up to date medical information, we are requiring all patients to complete this form annually.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** **of** **Birth**: \_\_\_/\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last seen (approx):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:** please circle one: Single/Married/Domestic Partner/Separated/Divorced/Widowed

**Current Medications:**

(If you brought in a list with you, we can make a photo copy)

**Height:** \_\_\_\_\_\_\_ **Weight:** \_\_\_\_\_\_\_ **Recent Blood Pressure:** \_\_\_\_\_\_\_**Tetanus Vaccine: \_\_\_\_\_\_\_**

**CHANGES IN THE PAST YEAR**

 **MEDICAL HISTORY: (PLEASE CIRCLE ALL THAT APPLY):**

Diabetes High Blood Pressure Shortness of Breath Rheumatic Fever Stomach Ulcer

Difficulty healing when cut Heart Disease Gout Cancer Stroke Hepatitis Other\_\_\_\_\_\_\_\_\_\_\_\_

**ALLERGY/REACTION TO ANY OF THE FOLLOWING? (PLEASE CIRCLE ALL THAT APPLY):**

Cortisone/Penicillin/Latex/Codeine/Novocain/Adhesive Tape/Aspirin/Morphine/Iodine/Sulfa Antibiotic

 **Do you currently have an infection**? Yes No

Please list any **major** **surgeries** you have had in the past yea**r: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **SIGNATURE DATE**