# 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**: ___/___/____

**Height**: _____ **Weight**: _____ **Shoe Size**: _____ **Recent BP**: _____

**Date of Vaccines:**

Influenza: _____ Pneumonia: _____ Shingles (Varicella): _____ Tetanus: _____

**Current Medications:**

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

| NAME OF MEDICATION | DOSAGE | # OF TIMES A DAY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Medical History:**

| | | |
|---|---|---|
| Diabetes: | Yes | No |
| Hypertension | Yes | No |
| Cancer: | Yes | No |
| Stroke: | Yes | No |
| Tuberculosis | Yes | No |
| Convulsions: | Yes | No |
| Stomach Ulcers: | Yes | No |
| Hepatitis (A, B or C): | Yes | No |
| Liver Disease: | Yes | No |
| Arthritis: | Yes | No |
| Gout: | Yes | No |
| Backaches: | Yes | No |
| Rheumatic Fever: | Yes | No |
| Heart Disease: | Yes | No |
| Heart Murmur: | Yes | No |
| Asthma: | Yes | No |
| Anemia: | Yes | No |

Other: _____

Do you currently have an infection? Yes No

**Allergies:**

| | | |
|---|---|---|
| Latex: | Yes | No |
| Codeine: | Yes | No |
| Iodine/Shellfish: | Yes | No |
| Penicillin: | Yes | No |
| Sulfa Antibiotics: | Yes | No |
| Aspirin/Related: | Yes | No |
| Morphine/Related: | Yes | No |
| Novocain/Related: | Yes | No |
| Tetanus Toxins: | Yes | No |

Other: _____

**Social History:**

| | |
|---|---|
| Marital Status: | Not married/Married |
| Tobacco Use: | Yes/No/Former Smoker |
| Alcohol Use: | Never/Moderate/Daily |
| Drug Use: | Yes/No/Former Drug User |

**Please list any surgeries you have had in the past year:**

_____

_____

_____ _____

Signature Date