ANKLE AND FOOT ASSOCIATES
GEORGE S. TELLAM, DPM
981 KINGSLEY AVE, ORANGE PARK, FL 32073
904(269-9595)

circle on

NAME AGE DOB SSN# MALE FEMALE

ADDRESS

HOME# CELL# WORK#

EMERGENCY CONTACT: EMER CONTACT#

E-MAIL ADDRESS:

Do you give us consent to share medical history with other health care providers? **YES** **NO**

Do you give us consent to share medication history with your pharmacy? **YES** **NO**

NAME OF PHARMACY: LOCATION:

CIRCLE THE FOLLOWING THAT ARE APPLICABLE:

Do you use tobacco? **YES** **NO** Frequency of use:

Do you use illegal drugs? **YES** **NO** **Do you use alcohol?** **YES** **NO**

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***We are required to ask the following questions, however, you may choose not to answer.**

MARITAL STATUS: Married Divorced Single Other_______________________

NATIONALITY: American African-American Hispanic Other_____________

ETHNICITY: Non-Hispanic/Latino Hispanic/Latino

RACE:_______________________ **LANGUAGE:**___________________________ **DOMINANT HAND:**_____________________

MEDICAL HISTORY:

PLEASE CHECK TO INDICATE "YES" IF YOU HAVE HAD ANY OF THE FOLLOWING:

AIDS/HIV	Epilepsy	Jaundice	Ulcers
Anemia	Eye Problems	Low Blood pressure	○ Varicose veins
Arthritis	Fainting	Phlebitis	
Asthma	Gerd	Psychiatric care	○ Venereal disease
○ Bleeding disorders	Gout	Osteoporosis	
	Headaches	Spine pain	Other:
Cancer	Heart disease	Stroke	
Chest pain	Hemophilia	Swelling ankle/feet	
Circulatory problem	Hepatitis	○ Swollen neck gland	
Diabetes	High Blood pressure		
Ear Problems	High Cholesterol	Tuberculosis	

ALLERGIES: CHECK TO INDICATE "YES" TO ALL THAT ARE APPLICABLE.

Latex	Penicillin	Aspirin	Codeine	Demerol
Iodine	Sulfa	Other_________________________________		

MEDICATIONS: LIST ALL MEDICATIONS AND DOSAGE. IF MORE, PLEASE BRING LIST.

1 2 3

4 5 6

7 8 9

HOSPITALIZATIONS AND SURGERIES: LIST ALL HOSPITALIZATIONS AND SURGERIES IN THE PAST 10 YEARS.

1 2 3

4 5 6