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Podiatric Medicine and Surgery
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Plainville, MA 02762
508-643-1116

Patient Information:

Patient Name: _____

Patient Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Age: _____ **Date of Birth:** _____ **Occupation:** _____

Primary Care Doctor: _____ **Phone:** _____

Address of Primary Care Doctor: _____

Past Medical History:

Current Medical Conditions: _____

_____

Current Medications: _____

_____

Allergies to Medications: _____

Past Surgeries: _____

Family History:

Medical Conditions that run in your family: _____

Social History:

Do you smoke? _____ **Do you drink alcohol regularly?** _____ **History of drug abuse?** _____

What is your foot complaint? _____

Signature: _____ **Date:** _____