CHINOOK
FOOT AND ANKLE CLINIC
WWW.CHINOOKFOOT.COM

3228 Fairway Street South
Lethbridge AB
T1K 8A3, Canada
(403) 331-3338

New Patient Information

Patient Information

Last Name:_____ First Name:_____

Address:_____ City:_____ Province:_____

Postal Code:_____ Phone:(h)_____(c)_____

Health Care Number_____ Sex: M / F Birth Date: dd/mm/yyyy E-mail:_____

Medical Information

Family Doctor:_____ Last Date Seen:_____

Previous Podiatrist:_____ Last Date Seen:_____

Were you referred to this office ? Y / N

How did you hear about the Chinook Foot and Ankle Clinic ?_____

Have you had any of the following? Y / N

Numbness in feet	Y	N	Kidney Disease	Y	N
Numbness in ankles	Y	N	Cramps	Y	N
Liver Disease	Y	N	Swelling in feet	Y	N
Varicose Veins	Y	N	High Blood Pressure	Y	N
Arthritis	Y	N	Diabetes	Y	N
Anemia	Y	N	Asthma	Y	N
Ulcers	Y	N	Heart Disease	Y	N
Hepatitis	Y	N	HIV / AIDS	Y	N

Do you have a Family History of the illnesses above ?_____

_____.

Previous Surgeries ? (Please List):_____

_____.

Pregnant or think you may be pregnant ?_____ Do you smoke ? Y / N

Do you have any Allergies to Medications ? (Please List):_____

_____.

Do you currently take any Medications ? (Please List):_____

_____.

Please describe your Foot Problem (s):_____

_____.

I understand all of the above and hereby state that the information is correct to the best of my knowledge.

Signature:_____ **Date:**___/___/____

CONFIDENTIAL DOCUMENT