Gary Evans, DPM, FACFAS James Korponay, DPM, FACFAS
One Penn Plaza, Suite 1707, New York, New York 10119

Welcome to our office ! Please answer these questions to help us provide comprehensive Podiatric care.

Patient Name: _____

Address: _____
street apt/ste city state zip code

Home Telephone: _____ Cell Telephone: _____ Bus. Telephone: _____
Preferred Contact Number: Home Cell Business

EMAIL: _____ Age _____

Date of Birth: _____ Social Sec. # : _____ Race: _____

Marital Status: S M D W Occupation : _____

How did you hear of our office ? _____

Emergency Contact: Name: _____ Relationship: _____ Tel. # : _____

Primary Physician: _____
Name Address Telephone

Health Insurance Company: _____
Relationship to Patient: _____ Does Patient have a 2nd Medical Insurance? _____
If Yes.. Name of Insurance Company: _____

What specific problem brings you to our office today?

_____

Athletic Activities in which you participate:

_____

Please indicate which Foot problems you now have or have had in the past, (please circle):

Ankle pain/sprains Arch Pain Athletes Foot Bunions Corns/Callus

Cramps/Numbness Flat Feet Fungus Toenails Hammertoes Heel Pain

Ingrown Toenails Warts

Have you ever been treated by a Podiatrist before? _____ When? _____

Are you ALLERGIC to any MEDICATIONS, FOODS, MATERIALS? (Aspirin, Penicillin, Shellfish) ?

_____