

**Patient Update Questionnaire:**

1. Are you still at the same address and phone number? \_\_\_\_\_

2. Do you still have the same employer? Y/N If no, who? \_\_\_\_\_

3. Has your insurance changed? Y/N If so, what is the effective date? \_\_\_\_\_

4. Do you have any new Medications since your last visit? yes  no  If yes, then:

5. What are these medications? \_\_\_\_\_

6. Are you allergic to any medications? \_\_\_\_\_

7. Have you been on oral Lamisil for fungal nails? yes  no  If yes, when was your last liver panel? \_\_\_\_\_

8. If you are Diabetic:

a. When was your last visit to your primary physician? \_\_\_\_\_

b. What was your fasting blood sugar level this morning? \_\_\_\_\_

c. What was your latest A1C level? \_\_\_\_\_

9. Has your shoe size changed? yes  no  If yes, what is your size: \_\_\_\_\_ width: \_\_\_\_\_

10. Have you had an injury to your foot since your last visit? yes  no  If yes, please explain: \_\_\_\_\_

11. Have you had any surgeries since your last visit? yes  no  If yes, please explain: \_\_\_\_\_

12. On a scale of 1-10 with 10 being the highest how would you rate your pain today?

1  2  3  4  5  6  7  8  9  10

13. Are you experiencing any other foot ailments besides what your appointment is

scheduled for today? yes  no  If yes, please explain \_\_\_\_\_

14. Have you been diagnosed with a new condition by another doctor? yes  no

If yes, please explain (include date diagnosed & treatment): \_\_\_\_\_

**Please be aware that we have allotted a specific amount of time for your appointment today. If there are other foot ailments or concerns that you would like the Doctor to address at this visit we will make every effort to accommodate you, but we may have to re-appoint you to be able to afford you and all our patients quality time with their appointment.**

Print Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_