





# FootDoctors

Put Your Feet in Our Hands

Herkimer Office  
250 E. State Street  
Herkimer, NY 13350-1901  
Phone: (315) 866-3668

New Hartford Office  
610 French Road  
New Hartford, NY 13413  
Phone: (315) 793-3668

Past Surgery History: \_\_\_\_\_

Any Family History (Mother, Father, Brothers, Sisters): Cancer: \_\_\_\_\_

Diabetis: \_\_\_\_\_ Heart Disease: \_\_\_\_\_

Do you use tobacco? Yes No (Please Circle) Former Smoker? Yes No (Please Circle)

Quit how long ago? \_\_\_\_\_ Use of alcohol? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Have you fallen 2 or more times in the past year? Yes No (Please Circle)

If yes, how many times and did you sustain an injury? \_\_\_\_\_

Have you ever received a pneumococcal vaccination? Yes No (Please Circle)

Have you received the Covid vaccination? Yes No (Please Circle)

If yes, which one? \_\_\_\_\_ Did you receive both 1st and 2nd shot? \_\_\_\_\_

Did you receive the Covid booster shot? Yes No (Please Circle)

Have you been in a hospital or long-term care facility within the past 30 days? Yes No (Please Circle)

Have you been out of the country in the last 30 days? Yes No (Please circle) If Yes, How long ago? \_\_\_\_\_

Reason for visit today: \_\_\_\_\_

How long has this been going on? \_\_\_\_\_

What is your pain level today? 0 to 10 (0 no pain, 10 being worst pain possible) \_\_\_\_\_

**I hereby authorize FootDoctors to release medical information necessary for filing claims for services rendered to the insurance companies listed above. I hereby authorize the insurance companies listed above to make payment benefits directly to FootDoctors for services rendered by him/her.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_