

Welcome to the Freel Foot & Ankle Clinic



Freel Foot &
Ankle Clinic, PC
3740 Eastlake Centre
Quincy, IL 62301

Excellence in Motion

Full Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Business Phone _____
Age _____ Date of Birth _____ Height _____ Weight _____
Employer _____ Occupation _____
 Male Female Married Div Sep Wid Single
Name of spouse or parent _____
Employer _____ Occupation _____
Family Doctor _____ Last Visit _____ Next Visit _____

Whom may we thank for referring you to our office? _____

Have you ever had: foot x-rays foot surgery supports Name of doctors who provided these _____

Your social security # _____ Medicare # _____

If you have Medicare, is it your primary or secondary insurance? _____

If you wish this claim to be filed please complete:

Name of Insurance _____

Address _____

Name appearing on insurance card _____

Policy Number: _____ Group Number: _____

Social security number of principle insured: _____ Birthdate of principle insured: _____

Employer and Address of principle insured: _____

Your relationship to the principle insured: _____

If you are a student, are you full or part time

Name of Secondary Insurance _____

Address _____

Name appearing on insurance card _____

Policy Number: _____ Group Number: _____

Social Security number of principle insured: _____ Birthdate of principle insured: _____

Employer and Address of principle insured: _____

Your relationship to the principle insured: _____

HISTORY OF PRESENT ILLNESS

Location (example: inside left ankle, outside right great toenail, bottom right heel): _____

How long have you had this problem? _____ Have you ever had a similar problem in the past? yes no

Is this from an injury? yes no If so, when and where did the injury occur? _____

Has this progressively worsened, stayed the same, or improved with time?

If painful, please describe (dull, aching, throbbing, burning, bruised, numb, etc.): _____

I get relief from: staying off it elevation taking my shoe(s) off walking on it medication
 rubbing my foot ice changing shoes other _____

It is aggravated by: walking running shoes standing on it other _____

It seems to be: worse in the morning worse as the day goes on worse in the evening worse when lying down
 off and on worse during first steps after resting constant other _____

Have you had any: swelling redness bruising discharge

Have you noticed any other condition in your body which came shortly before or after this problem? _____

PAST MEDICAL HISTORY

Please list all past surgeries and describe any complication of surgery or anesthesia: _____

Please list all medication you are now taking: _____

Please list all allergies and describe the allergic reaction (hives, shortness of breath, stomach upset, etc.):

Allergic to: _____ Type of Reaction: _____

Allergic to: _____ Type of Reaction: _____