JACKSON HEIGHTS FOOTCARE

Dr. De Cong Tran, D.P.M., P.C.

Podiatric Medicine & Surgery
of the Foot and Ankle.

Welcome to Jackson Heights Footcare. Please complete the following information to help us provide you with the most comprehensive care possible and to help minimize your out-of-pocket expenses. Bring this with your to your appointment.

Name_____ Sex: Male ☐ Female ☐

Address:_____ Apt: _____

City:_____ State:_____ Zip Cope:_____

Home Phone: ( ) - Business Phone: ( ) - Other: ( ) -

Occupation: _____ Name of Employer: _____

Date of Birth: / / E-mail:_____

Marital Status: _____ Name of Primary Card Holder_____

DOB of Primary CardHolder _____

Name of Ins. Company._____ ID No_____ Group No_____

Name and address of Primary Care Physician. _____

_____

Do you have any other insurance Yes/No Secondary Insurance _____

Policy No. _____ Group No. _____

Primary Card Holder Name. _____ DOB. _____

How did you hear about Jackson Heights Footcare?_____

Do you practice in any sports activities? Yes/No what sports? _____

Do you or have you ever had any of the following conditions?

Rheumatic Fever	Yes ☐ No☐	Asthma	Yes ☐ No☐
High Blood Pressure	Yes ☐ No☐	Epilepsy	Yes ☐ No☐
Heart Murmur	Yes ☐ No☐	Hepatitis	Yes ☐ No☐
Stroke	Yes ☐ No☐	Leukemia	Yes ☐ No☐
Shortness of Breath	Yes ☐ No☐	Cancer/Tumors	Yes ☐ No☐
Venereal Disease	Yes ☐ No☐	Excessive Bleeding	Yes ☐ No☐
Tuberculosis	Yes ☐ No☐	Anemia	Yes ☐ No☐
Diabetes	Yes ☐ No☐	AIDS	Yes ☐ No☐
Fainting	Yes ☐ No☐	Pregnancy	Yes ☐ No☐

Are you currently taking any medication? Yes ☐ No☐ If yes, what kind?_____

Do you have any allergies? Yes ☐ No☐ If yes, what kind?_____

Are you allergic to any medications? Yes ☐ No☐ If yes, which ones?_____

Do you have any other medical conditions that we should know about?_____

PLEASE KEEP YOUR SCHEDULED APPOINTMENT. SHOULD YOU NEED TO RESCHEDULE, PLEASE NOTIFY US 24 HOURS BEFORE YOUR SCHEDULED APPINTMENT.