



HAVE YOU EVER BEEN HOSPITALIZED? YES NO

IF YES, WHY?

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ANY PREVIOUS FOOT CARE? YES NO

IF YES, WHEN? \_\_\_\_\_

WOMEN - ARE YOU PREGNANT? YES NO

IF YES, DUE DATE? \_\_\_\_\_

Thank you for filling out this form. It will help us in giving you the best Podiatric Medical care.  
With my permission, based on her examination, I authorize Dr. Lehman to perform tests and suggest a treatment plan.

SIGNATURE \_\_\_\_\_