**www.AustinPodiatryHouseCalls.com**

 **by Dr. Joshel Brown**

**Phone: (737) 231-1087**

**Return this to: Fax: (833)629-0523 or:**

**info@AustinPodiatryHouseCalls.com**

**Intake Form**

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Patient Name:

Male? Female?

Street Address:

City:

Zip Code + 4: -

Phone Number:

Are texts ok? (Mobile #?):

E-Mail Address:

Which Contact Method is Preferred?

Typical Wake-up Time:

Patient Date Of Birth:

Had Covid-19 Vaccine(s)?

Do you drive a car? (If so, insurance won’t cover house calls)

Referring Source:

Referring Source Phone:

Referring Source Fax (if known):

Primary Care Physician (MD/DO/NP):

* Primary Care Physician Phone:
* Date Last Seen: (Insurances require exact date within the last 6 months)

Primary Insurance Name:

* ID #:
* Group #:
* Primary Insurance Phone #:

Secondary Insurance Name:

* ID #:
* Group #:
* Phone #:

**Is your insurance a Medicare Advantage plan? Y N Also, please send pictures of insurance cards if able, front and back.**

Medical Conditions:

Medications:

Food and Drug Allergies:

What foot conditions would you like treated?

Family History (What medical conditions have others in your family dealt with?):

Social History:

* Married?
* Smoker?
* Do you Exercise?
* Special Diet?
* Do you use any devices to walk? No\_\_\_\_ Walker\_\_\_\_ Cane\_\_\_\_ Wheelchair\_\_\_\_

Surgical History:

Ethnicity (optional):

Language: English\_\_\_\_\_\_\_\_\_ Spanish \_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_

**Review of symptoms:** Please list any of your issues with the following body symptoms:

* Constitutional symptoms (fatigue, appetite & weight changes)
* Eyes (blurry vision, eye problems)
* Ears, nose, mouth, throat
* Cardiovascular
* Respiratory
* Gastrointestinal
* Genitourinary
* Musculoskeletal (joint pains, stiffness, arthritis)
* Integumentary (skin rashes, lesions, dryness)
* Neurological (numbness, burning, tingling)
* Psychiatric (anxiety, depression, memory loss)
* Endocrine (ex: thirst, sugar imbalances)
* Hematologic/Lymphatic (blood thinners, clotting issues)
* Allergic/Immunologic (hay fever, skin reactions, runny nose)