

Bruce McLaughlin, DPM Edward McLaughlin, DPM Anthony Ferraro, DPM John Kannengieser, DPM Alexandra LaRocca, DPM

	Patient U	<b>Jpdate</b>	Form		
Date: /					
Patient Name:			Date of Birth:/_	/ Age:	Sex: M I
Last	First	MI			
Home Address:					
Home Phone: ()	_ Cell Phone: () _		Social Sec	urity #:	<del>-</del>
Email:					
Occupation:	Referred to	practic	e by:		
Primary Care Physician:	PCP Address:				
Emergency Contact:	Relationship: _		F	hone: ()	
Pharmacy: Add	ress:		_ City:	State:	Zip:
What specific problem brought you to	the office today?				
<ul> <li>□ Penicillin</li> <li>□ Novacaine (local anesth</li> <li>□ Latex</li> <li>□ Opiates (codeine, oxycontin</li> </ul> Medical Problems (circle all that apply	etc.)   Antibiotics (sp	pecify)	_	•	•
Diabetes type I	Bleeding Disorder		Stroke	Hypertension	
Diabetes type II, no insulin	Joint replacement		Chronic Bronchitis	<b>5.</b>	
Diabetes type II, insulin	Gout	·		rolanse	
Peripheral Neuropathy	Fibromyalgia	HIV + Other:		•	
Chronic Ulcer of Skin	Cancer		Heptatitis B / C	Other:	
Peripheral Vascular Disease	Organ Transplant _				
Other pertinent health history:					
Family History:					
Surgical History:					
Marital Status: Alcohol Use:			noking: (current or former)		
Current Medications (name, dose, freq					
If Patient is a Minor: Fathers name:			Mothers Name:		
Parental Signature:	Print Na				

<sup>• 1111</sup> Montauk Highway Ste 100 West Islip, NY 11795 • Tel: (631) 422-4450 • Fax: (631) 422-4451

<sup>• 952</sup> Roanoke Avenue Riverhead, NY 11901 • Tel: (631) 727-3592 • Fax: (631) 727-8892

<sup>• 193</sup> Broadway Amityville, NY 11701 • Tel: (631) 264-1910 • Fax: (631) 264-1926