Kim Holistic
Foot & Ankle Center

701 E. 28th St. #111 Long Beach, CA 90806
KimFoot.com (562) 426-2551

Name: _____ D.O.B: _____ SSN:_____

Home Address: _____Apt: _____

City: _____State: _____Zip:_____**Preferred Name**: _____

Marital Status:_____Race:_____Occupation:_____Age:_____

Cell #: _____ Work: _____Home:_____

Please provide Your Email Address*:

_____

☐ Yes, I would like to receive emails/ texts messages about my appointments, health tips, and events.

Pharmacy Name:_____Address/Phone:_____

Primary Care Physician:_____Date Last Seen:_____

Address:_____ Phone:_____

Person to Notify in Emergency:_____Phone:_____

Who may we thank for referring you to us: _____

FOR MINORS
Responsible Party: _____Relationship:_____

Address: _____City, State, Zip:_____

SSN: _____D.O.B:_____Phone:_____

Responsible Party's Employer:

_____

Privacy Information Preferences

Exempt from public reporting? Yes/No:_____

Who can we leave messages with? Wife:___Husband:___Son:___Daughter:___Other:_____

Names:_____

Vital Signs

Blood Pressure: _____/_____

Height:_____Weight:_____

Smoking Status

Current Every Day Smoker:_____ Never Smoker:_____

Current Some Day Smoker:_____ I decline to answer:_____

Former Smoker:_____

Allergic to Latex (Please Circle) : Yes / No

Current Medications

No Known Medications_____My Medications:_____

Name:_____Dose:_____

Name:_____Dose:_____

Name:_____Dose:_____

Allergies

Name:_____Dose:_____

Name:_____Dose:_____

Name:_____Dose:_____

Signature:_____Date:_____