



***Newburyport office of
Dr. James J. DiResta***

WELCOME TO OUR OFFICE
(Please print this form before your appointment)

Mr. Mrs. Ms. Dr: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____ Status: S M W Sep Other
Telephone: _____ Social Security #: _____
Age: _____ Sex: ___ M ___ F Weight: _____ Height: _____ Shoe Size: _____
Race: _____ Ethnicity: _____ Language: _____
Employer: _____ Occupation: _____ Phone: _____
Employer Address: _____
Medical Insurance Co.: _____ Policy No. _____
Name of Subscriber: | _____ Date of Birth: _____
Do You Have Other Health Insurance Coverage? Yes/ No
Medical Insurance Co.: _____ Policy No. _____

OFFICE POLICY REGARDING INSURANCE

To preserve the best possible relationship with you, our patient, and to prevent any misunderstandings, we hope the following explanation of our office policy regarding insurance and payment for services is helpful.

- 1) We expect and appreciate payment for office visits at the time of service. We will accept cash, check, MasterCard or Visa.
- 2) For any insurance plan that requires authorization from a primary care physician (e.g. HMO, PPO, etc) it is your responsibility (as patient or guardian) to be sure that this office receives all necessary referral or authorizations PRIOR to treatment. If the insurance carrier denies any charges due to lack of referral/authorization, you (the patient/guardian) are responsible for all charges incurred.
- 3) If any type of supplies are dispensed during the course of treatment, (e.g. arch support, accommodative pads, cream, surgical shoes, etc.) payment is due at the time of service. We cannot bill you or the insurance company for these supplies.
- 4) I have read, understand and agree to the above office policies and understand that I am financially responsible for any balance due on my account.
- 5) I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.
- 6) I hereby give my permission to Dr. DiResta to administer treatment and to perform such procedures as may be deemed necessary in the diagnosis and/or treatment of my foot condition

Signature (Patient/guardian): _____ Date: _____

Medical Information

Have you ever had, or been treated for, any of the following?

MAJOR DISEASE

- Diabetes
- High Blood Pressure
- Angina
- Heart Disease
- Heart Attack
- Arrhythmia
- Heart Murmur
- Mitral Valve Prolapse
- Stroke
- High Cholesterol

HEENT

- Headaches
- Glaucoma
- Hearing Problems

RESPIRATORY

- Asthma
- Tuberculosis
- Emphysema

ARTHRITIS

- Osteoarthritis
- Rheumatoid
- Gout

VASCULAR

- Anemia
- Prolonged Bleeding
- Pacemaker
- Poor Circulation
- Leg Pain When Walking
- Varicose Veins
- Blood Clots

FAMILY MEDICAL HISTORY

Mother Alive Deceased (cause of death) _____
Father Alive Deceased (cause of death) _____

GASTROINTESTINAL

- Ulcers
- Acid Reflux (GERD)
- Stomach Problems
- Hiatal Hernia
- GI or Rectal Bleeding
- Bowel Disorders

MISCELLANEOUS

- Epilepsy/Seizures
- Thyroid Disease
- Muscle Disease/Polio
- Kidney Problems
- Bladder Problems
- Prostate Problems
- HIV
- Hepatitis/Liver Disease
- Cancer (type: _____)

PSYCHOLOGICAL

- Anxiety
- Depression
- Psychiatric Care
- Drug Dependence
- Alcohol Dependence

OTHER MEDICAL

PROBLEMS:

Primary Doctor: _____ Last Visit: _____

Address: _____

Previous Podiatrist: _____ Last Visit: _____

What is your foot/ankle problem? _____

How long has it been present? _____ weeks _____ months _____ years

Please list any and all surgeries or operations you have had including but not limited to the foot: _____

Pharmacy: _____ Pharmacy Phone: _____

What prescription medications are you now taking? _____

Are you allergic to any of the following?

- Latex Novocaine Iodine Penicillin Codeine Aspirin Adhesive tape Tetanus

Do you have any other allergies/sensitivities? Yes No If yes, what? _____

Do you smoke? Yes No If yes, how many packs per day? _____

Do you drink alcohol? Yes No If yes, ..., Socially Daily

(Women) Are you pregnant? Yes No