A Step Ahead Foot & Ankle Clinics Demographics Form

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PATIENT INFORMATION DEMOGRAPHICS – Please, excuse these forms, they were designed to comply with regulation and facilitate data entry and be completed with a computer or online if so desired. Our Goal is to provide you with a faster more efficient visit. The **bold** headings are required by law. Please circle or fill in the blank……

Name	First	MI	Last
Address line 1	Street		
Address line 2			
Zip City and State	Zip	City	State
Country			
Email			
Preferred language			
Date Last Seen by PCP?			
SSN			
Date of Birth	Month	Day	Year
Driver's License / State	Number		State
Primary Phone / Type	Number	☐Cell ☐Home ☐Business	
Secondary Phone / Type	number	☐Cell ☐Home ☐Business	
Preferred Contact Method	☐Text ☐Email ☐Phone		
Gender	☐Male ☐Female		
Primary Race			
Secondary Race			
Marital Status	☐Married ☐Single ☐Widowed ☐Divorced ☐Separated ☐Partner		
Ethnicity	☐White ☐Black ☐Indian ☐Islander ☐Asian ☐ Hispanic ☐Decline		

Employment Status	☐Employed ☐Disabled ☐Retired ☐Part-Time ☐Student ☐Not Employed	
Employer		
Student Status / School	☐ Full-Time ☐ Part-Time ☐ Not A Student	
Emergency Contact	Name	
EC Relationship / Phone	Relationship	Phone
Primary Provider	Dr. Calvin D. Baize	
Primary Location	☐Mountain View ☐Batesville ☐Salem	
Primary Care Physician / Location	Full Name & Location	

Primary Pharmacy_____

Who is your Primary Care Physician? _____
(Listed in your Insurance Policy)

Date last seen by PCP? _____
(Medicare & Medicaid Patients)

HEIGHT	WEIGHT

Financial Policy

We are glad you chose the A Step Ahead Foot & Ankle Clinic to care for your podiatric needs. Dr. Baize is committed to caring for you to the best of his ability. Please try to answer all questions with short, concise and direct answers. Dr. Baize would like to see immediate results; he does not believe that postponing treatment is the best policy. He will try everything possible to treat your condition on your first visit including ultrasound, injections, x-rays, etc. Because of this, you may notice several charges on your insurance explanation of benefits or on our statement. Your first visit will be costlier due to the fact that we will need to establish a diagnosis, create a file, and review the health history. Subsequent visits should not be as costly. Please understand that postponing treatment would be costlier in the long run.

Financial Policy

Payment is expected at the time services are rendered. A Step Ahead Foot & Ankle Clinic, does not charge late fees or interest if a payment arrangement has been made. However, I understand that if I am delinquent on payment of my account late payment fees will apply and will become part of my unpaid balance. I also understand that if I am sent to collections, I will be responsible for all collection charges not to exceed 50% of my unpaid balance, and I will be discharged from the practice.

Insurance Release

I authorize Dr. Baize to release medical information to my insurance company to carry out treatment, payment, and health care operations. I (or my dependent) have insurance coverage and assign benefits directly to Dr. Baize. I realize that services rendered are my responsibility regardless of the action of my insurance company. I authorize the staff of the A Step Ahead Foot & Ankle Clinic, to retrieve benefit information from my insurance company. I understand that it is ultimately my responsibility to understand my insurance policy and verify that the A Step Ahead Foot & Ankle Clinic, Inc. is a contracted provider on my policy If I do not update my insurance information on a timely basis, I understand that I will be responsible for the services rendered It is the policy of the A Step Ahead Foot & Ankle Clinic. to copy insurance cards to verify benefit. The A Step Ahead Foot & Ankle Clinic. will also copy a photo ID for verification of identity.

Notification of Photograph

It is the policy of the A Step Ahead Foot & Ankle Clinic. to photograph our patients for identification purposes only. These photographs will be taken at your first visit and will remain in our data base for Dr. Baize reference. Other photographs that may be taken are medical photographs taken during treatment and will also remain in our database for reference. If we have not taken your photograph at your first visit, we may ask you to accommodate us at a subsequent visit.

Privacy Policy

I have received a copy of, read and I agree with the privacy policy established by the A Step Ahead Foot & Ankle Clinic. I understand I have been given the opportunity to review the policy before signing this document. If at any time the privacy policy changes, we will notify you upon your next visit. Additional privacy can be requested, however, the A Step Ahead Foot & Ankle Clinic. reserves the right to deny the request. If additional privacy is accepted, the agreement is binding. This consent may be revoked in writing except to the extent of release that has taken place in reliance of the agreement. For more information on our privacy policy, ask the receptionist

Medication Policy

The A Step Ahead Foot & Ankle Clinic. will no longer take medication requests after 12:00pm on Friday until 8:00am on Monday. Please be aware of your supply of medications and call your pharmacy during business hours to initiate the refill authorization process. Please allow at least 24 hours for the request to be processed.

Office Hours

The A Step Ahead Foot & Ankle Clinic., is open Monday – Thursday 8:30am – 4:30pm. Friday 8:30am – 12:00pm. You may leave a message for our office staff on the main message line and your call will be returned at our next availability. *If you are experiencing an emergency or a life threatening condition, please contact 911.* If you need to speak with Dr. Baize urgently, leave a message on our emergency line, include your name and a phone number where you can be reached and Dr. Baize will call you back.

(Patient's Signature) **(Date)**

Notice of Privacy Policy

This notice describes how medical information about you may used/disclosed and your rights regarding your protected health information (PHI). We define PHI as any portion of your health information generated at A Step Ahead Foot & Ankle Clinic LLC, including account and appointment information. Please review this notice carefully.

A Step Ahead Foot & Ankle Clinic LLC and our staff are committed to protecting your privacy. In caring for you as our patient, we will create records regarding you and the treatment and services we provide to you.

A Step Ahead Foot & Ankle Clinic LLC may use/disclose your individual health information in the following ways:

1. Contact you regarding test results, treatment, and appointment reminders.
2. Inform you of treatment options or other health related services that may be of interest to you.
3. Use/disclose of PHI for treatment/payment purposes, other healthcare providers for purposes related to your medical treatment and, if necessary, to others who may assist in your care, such as family

Special circumstances in which your PHI may be used/disclosed:

1. Worker compensations claims.
2. Public health/law enforcement authorities to prevent serious threat to your health/safety or health/safety of another individual.
3. Correctional institution/law enforcement officials to aid in your care.
4. Internal audits, inspection, licensure practices.
5. Note to employer, at your request.
6. Disclosures required by federal, state, or both law.

Your rights regarding your PHI:

1. The right to receive a copy of A Step Ahead Foot & Ankle Clinic LLC privacy policy practices.
2. The right to inspect/copy your health information (charges for copies/postage may apply).
3. The right to request an amendment to your PHI
4. The right to request a copy of disclosures for non-treatment/payment/healthcare options.
5. The right to request restrictions on use/disclosure of your PHI
6. The right to request confidential communication of your PHI, including to whom we can/cannot communicate your PHI
7. The right to provide a written authorization for use/disclosures of your PHI not described in this notice- the right to revoke the authorization at any time, in writing.
8. The right to file a complaint, if you feel your privacy has been violated. The quality of your care at A Step Ahead Foot & Ankle Clinic LLC will not be sacrificed for any complaint.

A Step Ahead Foot & Ankle Clinic LLC reserves the right to revise/amend this notice of Privacy Practices. Any revision or amendment will be effective for all your records. A copy of the current Privacy Practices will be displayed and you may request a copy of our most current notice at any time.

If you have questions regarding this notice, please contact us.

(Patient's Signature) **(Date)**

Health History

Medications

Drug Name	Dosage if you know	How often
		☐1xday, ☐2xday, ☐3xday, ☐4xday, ☐as needed
		☐1xday, ☐2xday, ☐3xday, ☐4xday, ☐as needed
		☐1xday, ☐2xday, ☐3xday, ☐4xday, ☐as needed
		☐1xday, ☐2xday, ☐3xday, ☐4xday, ☐as needed
		☐1xday, ☐2xday, ☐3xday, ☐4xday, ☐as needed
		☐1xday, ☐2xday, ☐3xday, ☐4xday, ☐as needed
		☐1xday, ☐2xday, ☐3xday, ☐4xday, ☐as needed
		☐1xday, ☐2xday, ☐3xday, ☐4xday, ☐as needed
		☐1xday, ☐2xday, ☐3xday, ☐4xday, ☐as needed

Allergies

Allergic to		Allergic to		Allergic to	
Reaction………..	**Severity……….**	**Reaction………..**	**Severity……….**	**Reaction………..**	**Severity……….**
☐Bloating	☐Major	☐Bloating	☐Major	☐Bloating	☐Major
☐Chest pain	☐Minor	☐Chest pain	☐Minor	☐Chest pain	☐Minor
☐Cough	☐Moderate	☐Cough	☐Moderate	☐Cough	☐Moderate
☐Diarrhea	☐unknown	☐Diarrhea	☐unknown	☐Diarrhea	☐unknown
☐Difficult swallow		☐Difficult swallow		☐Difficult swallow	
☐Dizziness		☐Dizziness		☐Dizziness	
☐Dyspnea		☐Dyspnea		☐Dyspnea	
☐Itching of skin		☐Itching of skin		☐Itching of skin	
☐Nausea		☐Nausea		☐Nausea	
☐Rash		☐Rash		☐Rash	
☐Hives		☐Hives		☐Hives	
☐Wheezing		☐Wheezing		☐Wheezing	

Problems

Please give a brief explanation of any other **problems** you may have.

____

Past Medical History (Check or circle all conditions that you have and explain in box if needed)

1.☐acquired immunodeficiency syndrome(aids) 1.	2.☐ anemia 2. – what type? Pernicious?	3.☐anxiety – with or without medication
4.☐ asthma – inhaler?	5.☐ back problems – surgery? With sciatica?	6.☐ bleeding – blood thinners or deficiency?
7.☐ calf muscle cramps (tetany)	8.☐cancer chemotherapeutic agents	9.☐chest pain (angina)
10.☐cholesterol test high (hyperlipidemia)	11.☐ chronic liver disease – hepatitis or cirrhosis?	12.☐ chronic obstructive pulmonary disease (COPD)

13.☐ clotting factor deficiency	14.☐ congestive heart failure	15.☐ depression (dysthymia) – with or without medication?
16.☐ diabetes mellitus – type 1 or 2	17.☐ diabetic nephropathy (Kidney disease)	18.☐ diabetic poly neuropathy (nerve problems)
19.☐ diabetic retinopathy	20.☐diet special	21.☐ difficulty breathing (dyspnea)
22.☐ DVT of lower extremity (leg clot)	23.☐emphysema – smoker?	24.☐eye disorder - cataracts or glaucoma etc.
25.☐ Fainting (syncope)	26.☐gastric ulcer	27.☐gout
28..☐Headache (chepalgia)	29.☐heart disease – CHF or CAD	30.☐hepatitis – A, B or C?
31.☐history of cancer – what organ?	32.☐HIV infection	33.☐hormones low (hypogonadism)
34.☐hypertension (high blood pressure)	35.☐ hypotension (low blood pressure)	36.☐intestinal disorder
37.☐limb swelling (venous insufficiency)	38.☐loss of weight (cachexia)	39.☐nerve disorders
40.☐Osteoarthritis (degenerative joints)	41.☐Osteoporosis (bone loss)	42.☐peripheral neuropathy
43.☐peripheral vascular disease	44.☐Phlebitis (inflammation of veins)	45.☐pulmonary embolism (clot in lung)
46.☐rash – psoriasis or eczema etc.	47.☐renal disorder (kidney problems)	48.☐replacement of joint – R or L knee hip shoulder etc
49.☐respiratory disorder	50.☐rheumatic fever history	51.☐rheumatoid arthritis
52.☐seizure disorder (epilepsy)	53.☐stroke syndrome	54.☐swollen glands in neck (lymphadenopathy)
55.☐thyroid disorder (hypo or hyper)	56.☐tuberculosis	57.☐ulcer on feet - wounds
58.☐valvular heart disease	59.☐varicose veins	60.☐weight gain
61	62.	63.
64.	65.	66.

Surgical History (SXHx) Please list type of surgery and dates, & be as specific as possible and include left or right

Procedure	**date**	**Procedure**	**date**
Procedure	**date**	**Procedure**	**date**
Procedure	**date**	**Procedure**	**date**
Procedure	**date**	**Procedure**	**date**

Family History (FH)

1.☐FH unobtainable – (meaning do you know your history)	2.☐no significant FH of disease & problems	3.☐Father is deceased	4.☐Mother is deceased
5.☐FH of Chronic disabling disease	6.☐FH of kidney disease	7.☐FH of heart disease	8.☐FH of genetic disease
9.☐FH of cancer	10.☐FH of alcoholism	Please list other	

Social History

Lifestyle	1.☐I don't get enough exercise	2.☐my sleep is inadequate?	3.☐I live a sedentary lifestyle	4.☐I'm not ready for a lifestyle change
Marital history	5.☐single	6.☐married	7.☐divorced	8.☐widowed
Employment status	9.☐working full time	9.☐unemployed	10.disabled	10.☐veteran
Alcohol & Drugs & Tobacco use	10.☐use alcohol?	11.☐alcoholic	13.☐illicit drugs	14.☐smoke cigarettes
Sexual history	15.☐sexually active	16.☐Heterosexual		

Review of Systems – please list any problems with the general organ systems not listed above.

[ ]heart, [ ]lungs, [ ]liver, ☐kidneys, ☐blood, ☐nerves, ☐psychiatric, ☐head, ☐ears, ☐nose, ☐throat,

Chief Complaint - Give a **brief** description of your problem.

History of Present Illness (information about your foot or leg problem)

Location – Where is your problem? ☐Right, ☐Left, ☐Both, ☐Foot, ☐Big toe, ☐lesser toes, ☐Fore foot, ☐Mid foot, ☐Arch, ☐Heel, ☐Achilles, ☐Ankle ☐calf, ☐Leg,

Pain - describe your pain. ☐aching, ☐burning, ☐numbness, ☐sharp, ☐shooting, ☐stabbing, ☐throbbing	**Pain** - How bad is your pain? ☐Mild, ☐Moderate, ☐Severe

Onset – when does the pain happen?
☐constant, ☐evening, ☐intermittent, ☐morning, ☐during physical activity, ☐at rest, ☐while sleeping, ☐when walking,

Duration – Estimate how long have you had your problem?
☐hours, ☐days, ☐weeks, ☐months, ☐years, ☐forever, ☐unknown

Course – Is the problem?
☐Improving, ☐No change, ☐Worsening,

Treatments – List any treatments you've had.
☐anti-inflammatory, ☐antibiotics, ☐casting, ☐cam-walker, ☐cortisone injection, ☐cortisone oral, ☐debridement, ☐elevation, ☐ice, ☐orthotics, ☐over the counter meds, ☐padding and strapping, ☐rest, ☐diabetics shoes, ☐shoe changes, ☐surgical intervention, ☐therapy,