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PODIATRIC HISTORY

Patient Name: Date of Birth:

Referring Physician: Name and address

Please list the chief complaint for which you came to be treated (include foot, ankle, knee, thigh and hip complaints)

Three horizontal lines for writing the chief complaint.

Have you ever been under the care of a podiatrist? Yes No

If yes, please list: Dr. Name: Date of last visit:

Is there any personal or family history of diabetes?

Your occupation(s):

Cigarette/ Tobacco use: Years Smoked:

Athletic activities in which you participate: (please indicate frequency)

Two horizontal lines for writing athletic activities.

Please indicate which foot problems you have had in the past:

- Table of foot problems with Yes/No checkboxes: Ankle pain, Athletes foot, Bunions, Corns & Calluses, Cramps/ Numbness in feet or legs, Flat Feet, Foot or leg cramps, Heel pain, Ingrown toenails, Plantar warts, Tired feet, Swelling in ankles or feet.

Other concerns:

TREATMENT CONSENT

I hereby consent and give permission to the doctor and their designated assistants to administer and perform such procedures upon as the Doctor deems necessary and that have been fully discussed with me beforehand.

Signature of patient, parent, guardian or personal representative Date

Print Name of patient, parent, guardian or personal representative Date