

MedFootSpa

@ Foot & Ankle Centers
PRINT clearly & fill out completely

Account #: _____

Date: ____/____/____

First name _____ MI _____ Last name _____

Date of birth ____/____/____ e-mail address: (internal use only) _____

Home address _____ Apt# _____

City _____ State _____ Zip _____

Primary contact number/appointment reminders: Cell: _____ Text voice

Home _____ Work: _____ Other: _____

Have you ever had a Pedicure/Manicure? Yes No

REFERRAL INFORMATION *How did you hear about our Med Foot Spa?*

Google Facebook Newspaper Saw our Sign Radio Website Friend/Family Twitter LinkedIn
 Dr. Rappette Dr. Bishop Physician Name: _____ Other _____

CANCELLATION / LATE ARRIVAL

- **Cancellation/No Show Fee:** we require a 24-hour cancellation notice to avoid a \$40 fee.
- **Late Arrivals:** If you arrive 5 minutes late to your appointment, the service maybe altered to allow tech to meet the service time. If you arrive more then 10 minutes we may need to reschedule your appointment or offer a service that would meet the time remaining.

MEDICAL INFORMATION

Are you currently under a physician's care? Yes No If yes, please discuss during your appointment today

Are you diabetic? Yes No

Do you have a heart condition? Yes No

Do you take blood thinners? Yes No

Are you pregnant or believe you may be? Yes No

Do you have allergies? Yes No If yes, please list: _____

Are you allergic to soy or nuts specifically? Yes No

Are you currently taking medications for any of the above conditions? Yes No If yes, _____

With respect to your feet, which of these conditions do you experience?

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="radio"/> Burning Feet | <input type="radio"/> Corns/Calluses | <input type="radio"/> Cracked Skin |
| <input type="radio"/> Cold Feet | <input type="radio"/> Peeling Skin | <input type="radio"/> Thick Nails or Discolored Nails |
| <input type="radio"/> Hot Feet | <input type="radio"/> Ulcers | <input type="radio"/> Callus Build-up |
| <input type="radio"/> Tired Feet | <input type="radio"/> Warts | <input type="radio"/> Numbness /tingling -foot or toes |
| <input type="radio"/> Itchiness | <input type="radio"/> Dry Skin | <input type="radio"/> Ingrown Toenails |

Signature _____ Today's Date _____

Office use only: entered in eThomas Melissa Liz Jen Current Practice Patient Yorkville Morris