

ROBERT D. WEAVER, DPM
Jennifer Zienkowski-Zubel, D.P.M.
6551 Wilson Mills Road Suite #104
Mayfield Village, Ohio 44143
(440) 442-3113
Fax (440) 442-5137

510 5th Avenue
Chardon, Ohio 44024
(440) 286-4945
Fax (440) 279-1516

Today's Date: ____/____/____

Male ___ Female ___ Transgender ___

Name: _____ Date of Birth: ____/____/____ Age: ____
Last Name First Name M.I.

Address: _____
City State Zip

Soc. Sec. # _____ Height ____/____ Weight _____ Shoe Size _____ Spouse/Parent's Name _____
Feet/Inches

Phone-Home: () _____ Cell: () _____ Work: () _____

May we leave a message at this number or on the answering machine? Yes or No

Email Address: _____ Emergency Contact Name and Number _____

Occupation: _____ Employer: _____

Primary Insurance: _____ Name of Ins. Subscriber(if not you) _____ D.O.B. _____

Preferred Pharmacy: _____
Name Street/City Phone

What foot problems have you been having? _____

Who referred you to this office? _____

Primary Doctor's Name & Phone Number: _____

If diabetic, Name of Doctor who prescribes your diabetic medication: _____

Government regulations require we ask for the following identifying information. (Please Circle)

Gender: Male Female
Race: Caucasian African American Hispanic Russian Other: _____
Ethnicity: Non-Hispanic Hispanic
Primary/Preferred Language: English Spanish Other: _____

Adult Review of Systems: (Please circle Yes or No)

General/Constitutional:

Y / N Change in Appetite
Y / N Chills
Y / N Fever
Y / N Weight Loss

Cardiovascular:

Y / N Chest Pain (at rest)
Y / N Chest Pain (activity)
Y / N Irregular Heartbeat

Endocrine:

Y / N Temperature Intolerance
Y / N Excessive Thirst

Respiratory:

Y / N Cough
Y / N Shortness of Breath (at rest)
Y / N Shortness of Breath (activity)
Y / N Wheezing

Ophthalmologic (Eyes):

Y / N Blurred Vision
Y / N Eye Discharge
Y / N Eye Pain

Musculoskeletal:

Y / N Painful Joints
Y / N Weakness in Arms/Legs

Gastrointestinal:

Y / N Abdominal Pain
Y / N Diarrhea
Y / N Nausea
Y / N Vomiting

Skin:

Y / N Dry Skin
Y / N Itching
Y / N Rash

Neurologic:

Y / N Headache
Y / N Fainting
Y / N Change in Taste/Smell