Dunnellon Podiatry Center, P.A.
Dr Stacy L Witfill, DPM

11786 Cedar Street
Dunnellon, FL 34431
(352) - 489 - 6621

We are Fragrant Free!

Please bring a photo ID, your insurance cards and a medication list when you come to your appointment

Patient Information

First name

Middle Initial

Last name

Date of birth

Occupation

Social Security Number

Employer Phone Number

Gender

Race

Marital Status

Preferred Pharmacy

Height

Weight

Contact Information

Phone Number

Cell Phone Number

Email address

Street Address

Apartment, Suite, etc.

City

State

Zip

Can we contact you by phone, email and voicemail Yes/No - If no, what is your preferred method of communication?

Insurance Information

If you have a secondary plan or supplement, select add new row and provide that information as well.

1

Provider

Policy/Group Number or Member ID

Relationship to Insured

Emergency Contact

1

First name

Last name

Phone number

Relationship

Name of Primary Care Physician

Referral Source

How did you hear about us?

List Of Medications. Please include name and dosage

Check Any Allergies That May Apply To You

- [ ] None
- [ ] Penicillin
- [ ] Sulfa
- [ ] Iodine
- [ ] Tetanus
- [ ] Lidocaine
- [ ] other

If Other Allergies Please Specify Here

Check Your Response - Do You Live With

- [ ] Alone
- [ ] Spouse
- [ ] Family
- [ ] Friend
- [ ] Other

Smoking Status

- [ ] Current
- [ ] Light
- [ ] Heavy
- [ ] Never
- [ ] Former
- [ ] Unknown

Alcohol Use

- [ ] Never
- [ ] Daily
- [ ] Weekly
- [ ] Occasionally
- [ ] Rare

Use of Illegal Drugs

- [ ] Yes
- [ ] No

Check if you had any of the following

- [ ] Bruise Easily
- [ ] Psoriasis
- [ ] Toenail Problems
- [ ] Difficulty Walking
- [ ] Dermatitis
- [ ] Paralysis
- [ ] Tremors
- [ ] Abnormal Bleeding
- [ ] Athletes Foot
- [ ] Numbness

- [ ] Tingling
- [ ] Weakness
- [ ] Non-Healing Wounds
- [ ] Skin Cancer
- [ ] Balance Problems
- [ ] Eczema
- [ ] Hives
- [ ] Uncontrolled Movements
- [ ] Excise Scar Tissue After Cut of Surgery

Patient History

- [ ] Acne
- [ ] Attention Deficit Disorder
- [ ] Allergies
- [ ] Angina
- [ ] Anemia
- [ ] Anxiety
- [ ] Anxiety-Depression Disorder
- [ ] Arthritis-Degenerative
- [ ] Arthritis Rheumatoid
- [ ] Asthma
- [ ] Atrial Fibrillation
- [ ] Back Pain
- [ ] Basal Cell Cancer
- [ ] Benign Prostatic
- [ ] Barrett's Esophagus
- [ ] Bi-Polar Disorder
- [ ] Cancer
- [ ] Congestive Heart Failure
- [ ] Carpal Tunnel Syndrome
- [ ] Cardiac (Heart) Murmur
- [ ] Colitis
- [ ] Colon Polyps
- [ ] Chronic Kidney Disease
- [ ] Chronic Pain Syndrome
- [ ] Chronic Sinusitis
- [ ] Coronary Artery Disease
- [ ] COPD
- [ ] Crohn's Disease
- [ ] CVA (Stroke)
- [ ] Depression
- [ ] Diverticulitis
- [ ] Diabetes
- [ ] Eczema
- [ ] Endometriosis
- [ ] Esophageal Efflux
- [ ] Fibromyalgia
- [ ] Fibroids
- [ ] Gout
- [ ] Genital Herpes
- [ ] Hep C
- [ ] Hemorrhoids
- [ ] Gastroesophageal Reflux
- [ ] HIV/AIDS
- [ ] Hiatal Hernia
- [ ] In Remission-Drug Dependency
- [ ] Hypertension (High Blood Pressure)
- [ ] Hypothyroidism
- [ ] Irritable Bowel Syndrome
- [ ] Insomnia
- [ ] Kidney Disease
- [ ] Kidney Stones
- [ ] Lung Disease
- [ ] Abnormal Liver Test
- [ ] Migraines
- [ ] Mitral Valve Prolapse Obesity
- [ ] Obesity
- [ ] Obstructive Sleep Apnea
- [ ] Osteopenia
- [ ] Peptic Ulcer Disease
- [ ] Peripheral Vascular Disease
- [ ] Polycystic Ovarian Syndrome
- [ ] Restless leg syndrome
- [ ] Squamous Cell Cancer
- [ ] Tuberculosis
- [ ] Thyroid Disease
- [ ] Ulcerative Colitis

- [ ] Hyperlipidemia (High Cholesterol)
- [ ] NEUROPATHY
- [ ] HEP B

Past Surgical Procedures

- [ ] Abdominoplasty (Tummy Tuck)
- [ ] Angioplasty
- [ ] Ankle Surgery
- [ ] Appendectomy
- [ ] Blood Transfusion
- [ ] Breast Biopsy
- [ ] Breast Augmentation
- [ ] Breast Reduction
- [ ] Tubal Ligation
- [ ] CABG (Heart Bypass)
- [ ] Cardiac Catheterization
- [ ] Carpal Tunnel
- [ ] Cataract Surgery
- [ ] Cesarean Section
- [ ] Cholecystectomy (Gall Bladder)
- [ ] Foot Surgery
- [ ] Hand Surgery
- [ ] Hernia Surgery
- [ ] Hysterectomy
- [ ] Joint Replacement
- [ ] Knee Surgery
- [ ] Laproscopy
- [ ] Lasik Surgery
- [ ] Lumpectomy
- [ ] Mastectomy
- [ ] Nasal Septum
- [ ] Rhinoplasty
- [ ] Shoulder Surgery
- [ ] Sinus
- [ ] Splenectomy
- [ ] Spinal
- [ ] Tonsillectomy
- [ ] Tonsillectomy/Adenoidectomy
- [ ] Thyroid

Family History - Indicate if Mother, Father, Brother, Sister, Maternal/Paternal Grandparents

Diabetes

Arthritis

Stroke

Cancer

Heart Attack

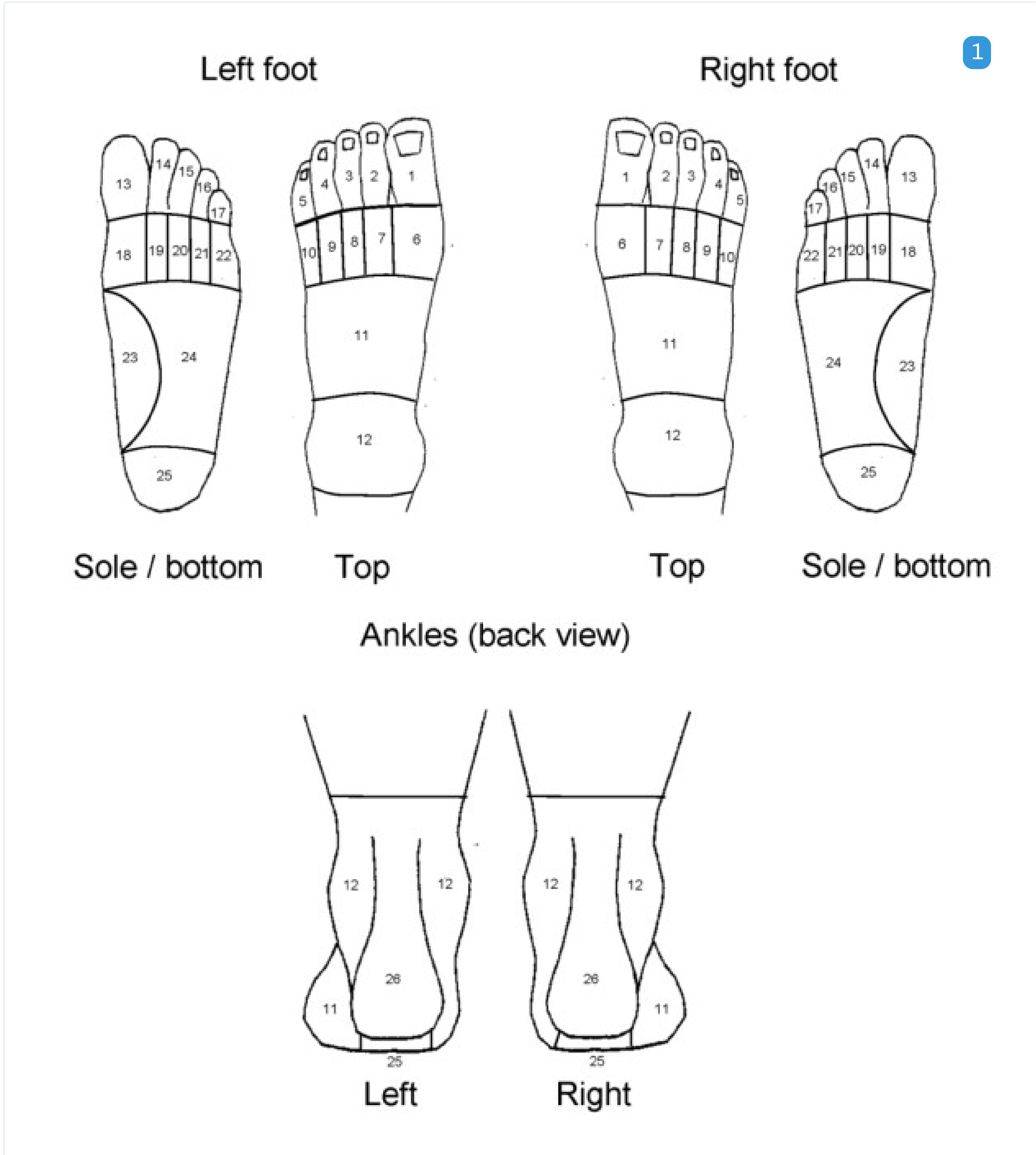
Foot Problems

High Blood Pressure

Coronary Artery Disease

Other Family History

Mark the areas on the image where you are experiencing symptoms



Please select one area per complaint and fill out the corresponding questions. If the complaint is widespread or radiating to other ares of foot/ankle, select only the area on foot of main concern and leave note of the other issues it's causing.

1

Describe Your Pain

- [ ] Aching
- [ ] Burning
- [ ] Constant
- [ ] Cramping
- [ ] Disabling
- [ ] Excruciating
- [ ] Intermittent/Inconsistent
- [ ] Pressure
- [ ] Radiating/Shooting
- [ ] Tender
- [ ] Worse In Morning
- [ ] Worse at Night
- [ ] Feels Like Walking on Rock or Peeble
- [ ] Tolerable

Severity of Pain

Was This An Injury or A Trauma?

When Did The Problem Start?

Any other details about the issue that you feel is important?

Past Treatment Attempts/ Home Care

Any Other Information You Think Is Helpful

Please be sure to bring a photo ID and your insurance cards with you to your appointment, and fill out the separate patient consent form.

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