Capital City Foot & Ankle, LLC

Edward M. Baynham Jr, DPM
Marcia K. Baynham, DPM

1570 Fishinger Rd. Columbus, OH 43221 614-451-7033 f:614-451-7080 www.capitalcfa.com capitalcfa@gmail.com

Patient Information Sheet

Name: Last:_____ First:_____ MI:__

Date of Birth:____/____/_____ **Age**:_____ Male / Female **SSN#**_____-____-_____

Address:_____
Street

_____
City State Zip

Email:_____

Telephone: Home#_____ Cell#_____

Occupation:_____ **Place of Employment**_____

Work Phone:_____

Marital Status:_____ **Name of Spouse**:_____

Spouse Employer/Occupation:_____

Emergency Contact:_____ **Phone**:_____

Pharmacy_____ **Phone Number**_____

How did you hear about our practice? Physician/Patient/Friend/Internet/Phone Book

_____

Primary Insurance_____ **Effective Date**___/___/____

Insurance Subscriber ID # _____ **Group #**_____

Primary Physician_____ **Phone Number**_____

Primary Foot and Ankle Concern:_____

Prior Foot and Ankle Treatment (if any):_____

Date of Injury/Accident:_____ Work/Auto/Other **Contact Name** _____

Family History: Please indicate which relative (if any) has ever been treated for the following:

Diabetes: _____ High Blood Pressure:_____ Cancer:_____

Heart Disease:_____ Arthritis:_____ DVT:_____ Foot Problems:_____

Past Medical History:_____

Past Surgical History:_____

Current Medications: _____

_____

Allergies: _____ **Height:**_____ **Weight:**_____

Tobacco use (please circle one): Current Never Previous

Review of Systems: Do you have any of the following on a regular basis: (circle those that apply)

Ear/Nose/Throat:	Sinus problems	Sore throat	Persistent cough	
Heart:	Chest pain	Irregular Heart Beat		
Respiratory:	Shortness of Breath	Wheezing	Coughing	
Gastrointestinal:	Heartburn	Abdominal Pain	Diarrhea	Vomiting
Urinary:	Blood in urine	Frequent Urination	Painful urination	
Skin:	Rashes	Excessive dryness		
Musculoskeletal:	Muscle aches	Joint pain	Swollen joints	
Neurologic:	Numbness	Weakness	Headaches	Paralysis
Psychiatric:	Depression	Anxiety		
Endocrine:	Excessive thirst	Excessive hunger	Sweating	
Hematologic:	Anemia	Excessive bruising	Bleeding problem	
	Weight loss/gain	Chronic fever	Other:_____	

Any Other Concerns Today: _____

All office visit charges and co-pays are payable at the time services rendered. If a financial arrangement is necessary, kindly discuss it with the receptionist. All courtesies will be extended for legitimate reasons. Ultimately, it is the patient themselves whom are responsible for their financial aspects of services rendered. There may be a charge for returned checks, missed appointments without 24 hour notice, and completion of disability forms.

I AUTHORIZE CONSENT FOR TREATMENT OF FOOT AND ANKLE CONDITIONS TO CAPITAL CITY FOOT & ANKLE LLC (DRS. EDWARD AND MARCIA BAYNHAM).

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO AUTHORIZE PAYMENT OF MEDICAL BENEFITS FOR SERVICES RENDERED.

Sign:_____ **Date**:_____

Print:_____