

ARTHUR A. WALTON, D.P.M.

DIPLOMATE AMERICAN BOARD OF PODIATRIC SURGERY

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MICHAEL J. HATTAN, D.P.M.

SPECIALISTS IN SURGERY, DISEASES AND INJURIES OF THE FOOT AND ANKLE

Mariners Medical Plaza
355 Placentia Ave., Ste. 302
Newport Beach, CA 92663

Please print and complete the following information for your case history file

Welcome To Our Office

Last Name First Middle Initial Birth Date Age

Residence Address City State Zip Marital Status: Single Married Widowed Divorced

Billing Name and Address (if different than above)

Home Phone Cellular Phone Social Security # Drivers License #

Name of Employer Occupation Work Address and Phone Number

Spouse's Name, Employer and Work Number

Name, address and phone of contact person in case of emergency Relationship

Whom may we thank for referring you? Directory? Website?

Do you have medical insurance? Carrier Name Subscriber Number Policy No.

Is there secondary ins. (spouse, Medicare, etc.?) Carrier Name Subscriber No. Policy No.

List any medical conditions you have (allergies, impairments, etc.)

Name of family physician Phone Are you currently under your physician's care?

If yes, for what May we contact your physician for your health records?

Have you had previous treatment by a podiatrist? When? For what?

My chief foot complaint is (for more space use back of form): Shoe Size:

This condition(s) has existed for: Days Weeks Months Years

What medicines do you take regularly?

To which drug(s) do you have allergies? What effect does the drug have?

Do you have or have you had any of the following: (*do not know) Are you allergic to or sensitive to

List any implants or blood transfusions: Do you take blood thinning medication?

Do you have a pacemaker? List previous surgical history with dates:

I hereby, give Dr. Arthur A. Walton and/or Dr. Michael J. Hattan permission to examine, evaluate and treat.

Patient (or Guardian's) Signature: Date:

