



# East Brunswick Foot and Ankle Center

Arnold A. Horowitz, D.P.M.  
Podiatric Medicine & Surgery  
House Calls Available

[www.EastBrunswickFootAnkleCenter.com](http://www.EastBrunswickFootAnkleCenter.com)

## HISTORY OF INJURY/FOOT PROBLEM:

Did the problem result from a specific injury?  **YES**  **NO** Injury/Accident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did your problem begin following:  *Working Injury*  *Motor Vehicle Accident*  *Daily Regimen*  *Nothing*

**Where is your pain located?**  *Toe*  *Heel*  *Ankle*  *Ball of Foot*  *Arch*  *Leg*  *Knee*  *Back*  *Hip*

*Left*  *Right*  *Both*  *Central*  *Inside*  *Outside*  *Under*  *Top*

Other: \_\_\_\_\_

**What is your complaint?** \_\_\_\_\_

How long have you had this problem and/or condition? \_\_\_\_\_

Please rate your pain on a scale of 1 to 10 (10 being the most painful):

At rest: 1 2 3 4 5 6 7 8 9 10 At its Worst: 1 2 3 4 5 6 7 8 9 10

Is the Pain:  *Constant*  *Occasional*  *Sharp*  *Dull*  *Aching*  *Stabbing*  *Throbbing*  *Traveling*

Other: \_\_\_\_\_

## What symptoms are you experiencing?

*Looking*  *Numbness*  *Giving Away*  *Popping*  *Tingling*  *Grinding*  *Swelling*  *Bruising*

Other: \_\_\_\_\_

Does anything make your symptoms feel better? \_\_\_\_\_

Does anything make your symptoms feel worse? \_\_\_\_\_

Have you seen another Physician for this problem?  **YES**  **NO** If "Yes": Name of Doctor: \_\_\_\_\_

What treatments have you tried?  *Nothing*  *Physical Therapy*  *Injections*  *Bracing*  *Icing*  *Compression*  *Medications*

Other: \_\_\_\_\_

Have you had any of the following tests/studies?

Tests	Date (Month/Year)	Facility?
X-Rays		
MRI Scan		
Nerve Studies		
Blood Tests		
Other		

Recreational Activities/Exercise Program: \_\_\_\_\_

Practitioner's Initials/Date: \_\_\_\_\_

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**PAST MEDICAL HISTORY:**

Check if you currently suffer or have previously suffered from:  **None**

High Blood Pressure	Osteoporosis
Diabetes	Kidney Disease/Problem
Liver Diabetes	Seizures
Heart Disease or Attack	Arthritis
Stroke	Thyroid (Hyper/Hypo)
Cancer	Parkinson's Disease
High Cholesterol	Psoriasis
Ulcer Disease (GI)	Multiple Sclerosis
HIV	Rheumatic Fever
Reflux Disease (GERD)	Gout
Asthma	Depression
Hepatitis	Lung Disease
HIV+	Environmental Hazards

Are You Allergic?
Iodine/Betadine
Shellfish
Penicillin
Sulfa Drug
Levaquin
Cipro
Latex
Steroids
Motrin/Advil/Bup
Aspirin
Tape
Eggs

Others, please list: \_\_\_\_\_

**MEDICATIONS:** (Please complete or provide us your medication list so that we may make a copy)  **None**

List located in EMR and reviewed with patient

Medications	Dosage	Frequency

**FAMILY HISTORY:** Please check all that apply:  **None**

Diabetes	High Blood Pressure
Blood Clots	Rheumatoid Arthritis
Cancer	Heart Disease
Osteoporosis	Stroke/Seizures

Please describe any immediate family history medical problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

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**Acknowledgement of Receipt  
Of  
Notice of Privacy Practices**

I acknowledge that I was provided a copy of the Notice o Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Parent or Authorized Representative (if applicable)

\_\_\_\_\_  
Signature

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## FOOT AND ANKLE CENTER

### SUMMARY OF NOTICE OF PRIVACY PRACTICES

#### A detailed Notice of Privacy Practices is available upon request.

The following summary outlines how our office will protect your health information, your rights as a patient and our common practices in dealing with your health information.

**Uses and Disclosures of Health Information:** We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

**Uses and Disclosures Based on Your Authorization:** Except as stated in more detail in the Notice of Privacy Practices. We will not use or disclose your health information without your written authorization.

**Uses and Disclosures Not Requiring Your Authorization:** In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care:
- For certain limited research purposes:
- For purpose of public health and safety:
- To Government agencies for purpose of their audits, investigations and other oversight activities:

- To government authorities to prevent child abuse or domestic violence:
- To the FDA to report product defects or incidents:
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders:
- When required by court orders, search warrants, subpoenas and as otherwise required by law.

**Patient Rights:** As our patient, you have the following rights:

- To have access to and/or a copy of your health information:
- To receive an accounting of certain disclosures we have made of your health information:
- To request restrictions as to how your health information is used or disclosed:
- To request that we communicate with you in confidence:
- To request that we amend your health information:
- To receive notice of our privacy practices

If you have a question, concern or complaint regarding our privacy practices, please submit your concern in writing to: