STONY BROOK ORTHOPAEDIC ASSOCIATES **Date: _____**

Established Patient Visit- Podiatry □ Dr. Jason Behar □ Dr. Lisa Riccio

Name: _____ Date of birth: ___/___/___
Contact information, if changed; _____
Has your primary insurance changed? □ No □ Yes
*If yes, please let our front desk know and have them make a copy of your new insurance card.
Diabetes-Treating Physician: _____ Phone # _____
*Date last seen for diabetes: ___/___/___
Type of Diabetes: □ Type I □ Type II
Any Complications: □ No □ Yes If yes, please let us know what type below.
□ Neuropathy □ Retinopathy □ Kidney □ Skin □ Other: _____

What is the reason for your visit today? _____
Is this a new problem? □ Yes □ No If yes, please explain _____
_____
On a scale of 1-10 (1 being no pain and 10 being the worst) what is your pain level today? _____
Does anything make your problem better? _____
Does anything make it worse? _____
Quality of pain: □ Burning □ Sharp □ Ache □ Shooting □ Throbbing □ Tingling □ Other _____
Are you in physical therapy? □ No □ Yes If yes, where do you go? _____

Any changes to your medical history since your last visit? _____
_____
Any changes in your medication since your last visit? _____
_____
Any changes to Review of systems?

GENERAL
_weight change
_ fever or chills
_ dizziness/fainting
_ diabetes
_ cancer

EYE, EAR, NOSE, THROAT
_ visual changes
_ hearing changes
_ tinnitus
_ sore throat

MUSCULOSKELETAL
_ backache
_ neck pain
_ joint pain
_ joint swelling
_ arthritis

GASTROINTESTINAL
_ difficulty swallowing
_ stomach pain
_ reflux

GENITOURINARY
_ urinary infection
_ urinary frequency
_ headaches

CARDIOVASCULAR
_ high blood pressure
_ heart disease
_ varicose veins
_ bleeding disorder

PSYCHOLOGICAL
_ depression
_ ADD/ADHD

RESPIRATORY
_ COPD
_ asthma
_ shortness of breath

NEUROLOGIC
_ seizures
_ numbness

SKIN
_ rash
_ itching/burning
_ psoriasis
_ dry patches
_ ulcerations
_ lumps/masses

__ All systems reviewed – negative

_____ Date ___/___/___ _____
Patient signature Physician signature