



Record ID # 145993

DOCUFORMS® POD-2010 • Page 1 of 2 Confidential Office Medical Record

Only Changes To The Previous History Information Are Noted

1 PATIENT IDENTIFICATION AND CONTACT INFORMATION

Patient Acct #

Staff Entry

Form section 1 containing fields for First Name, Last Name, Sex, Age, Birth Date, Shoe Size, Weight, Height, and various checkboxes for address preferences and emergency contact information.

2 COMPREHENSIVE PATIENT MEDICAL HISTORY

ROS/PFSH

Form section 2 (left side) containing various medical history questions such as 'Have you had/been treated for: Warts, Athlete's Foot, Corns/Calluses, etc.' and 'List the sports/type of dance you are active in:'.

Form section 2 (right side) containing questions about family members, pregnancy, smoking, alcohol consumption, and medications, including a table for listing medications.

Form section 2 (left side) containing questions about foot pain, vascular grafts, joint implants, and other medical conditions, including a section for 'I Had Surgery for:'.

Form section 2 (right side) containing questions about medication adherence, allergies, and a section for 'Anything else that you want to tell the doctor?'.

PLEASE CONTINUE ON THE OTHER SIDE TO PROVIDE ADDITIONAL DETAILS.

Patient CCH# (s)

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Vertical text on the right margin: INITIAL HISTORY, UPDATE OF HISTORY TAKEN, PATIENT HISTORY AS OF / /