

Heelex **PODIATRY**

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Patient Name: _____ **DOB:** _____

Patient Phone Number: _____ **Date:** _____

Referring Physician: _____

Brief History: _____

- Tendonitis
- Sprain
- Ganglion Cyst
- Fibroma
- Neuroma
- Plantar Fasciitis
- Fractures
- Hammer Toes
- Bunions
- Metatarsalgia
- Flat Feet
- Cavus Foot
- Neuropathies

- Nail Care: _____
- Infection
- Ingrown Toenail
- Neoplasms
- Dermatitis
- Abscesses
- Tinea
- Laceration
- Warts
- Blisters
- Corns/Calluses
- Ulcers

Other: _____

**Please include demographics and insurance cards.*