

Waco Foot & Ankle, P.A.

Patient Consent and Acknowledgement of Receipt of Privacy Notice

I understand that as part of the provision of healthcare services, Waco Foot & Ankle, P.A. creates and maintains health records and other information describing among other things, my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

I have been provided with a Notice of Privacy Practices that provides a more complete description of the uses and disclosures of certain health information. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their Notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations (quality assessment and improvement activities, underwriting, premium rating, conducting or arranging for medical review, legal services, and auditing functions, etc.) and that the organization is not required to agree to the restrictions requested.

By signing this form, I consent to the use and disclosure of protected health information about me for the purposes of treatment, payment and health care operations. I have the right to revoke this consent, in writing, except where disclosures have already made in reliance on my prior consent.

This consent is given freely with the understanding that:

1. Any and all records, whether written or oral or in electronic format, are confidential and cannot be disclosed for reasons outside of treatment, payment or health care operations without my prior written authorization, except as otherwise provided by law.
2. A photocopy or fax of this consent is as valid as this original.
3. I have the right to request that the use of my Protected Health Information, which is used or disclosed for the purposes of treatment, payment or health care operations be restricted. I also understand that the Practice and I must: agree to any restriction in writing that I request on the use and disclosure of my Protected Health Information; and agree to terminate any restrictions in writing on the use and disclosure of my Protected Health Information which have been previously agreed upon.

(PATIENT'S NAME PRINTED)

D.O.B.

PATIENT'S SIGNATURE (OR GUARDIAN, IF A MINOR)

SOCIAL SECURITY NUMBER (FOR IDENTIFICATION PURPOSES ONLY)

WITNESS (Optional)

DATE

Welcome to Waco Foot & Ankle, P.A.

Thank you for choosing us to assist you with your healthcare needs.
Please take a moment to answer the following questions so that we will have as much information as possible to give you the best healthcare.

INTAKE QUESTIONNAIRE - Page 1

PRINTED PATIENT'S NAME

DATE OF BIRTH

DATE COMPLETED

Please Answer All Questions In Detail As It Pertains To Your Current Complaint

Please describe in detail the reason for today's visit:

Circle the face that BEST describes your current pain level:



If you have pain, how would you describe the type of pain you are having today?

Burning Tingling Sharp Throbbing Aching Dull Stabbing Radiating

On the diagrams below, please mark the problem and/or painful area(s):



When did you first notice pain and/or discomfort? _____

If this was the result of an injury, please describe the injury.

Is your current condition the result of an on-the-job injury? Yes No

Since the onset/injury, the condition seems to be:

Unchanged Intermittent (Comes & Goes) Worsening Improving Constant

PRINTED PATIENT'S NAME

DATE OF BIRTH

What seems to aggravate your condition?

Walking Certain Shoes Exercise Heat or Cold Standing Running

Other: _____

What forms of treatment have you tried for your current condition?

No Treatment Physical Therapy Custom Orthotics Over-The-Counter Orthotics Stretching

Ice Heat Over-The-Counter Medication Prescription Medication Shoes Injections

Soaking Resting Elevation Compression Surgery Other: _____