Dr. Jeannette Furtak, D.P.M
GREENWAYS PODIATRIC SERVICES INC.

New Patient Information

Name _____ Birthdate _____
Surname First Middle Year/Month/Day

Alberta Health Care Number | | | | | | - | | | | | Gender ◯M ◯F

Address _____
Street City Province

Postal Code _____ Phone (home) _____ Phone (cell) _____

Email _____ Employer _____

Occupation _____ Phone (work) _____ Ext # _____

Marital Status (optional) _____ How did you hear about Dr Furtak? _____

Family Physician _____

Referring Doctor _____ Dr Phone _____
ONLY if the doctor told you specifically to come to see Dr. Furtak

What is your main complaint regarding your feet today?

Shoe Size _____ Weight _____ Height _____

Diabetes	◯Yes	◯No
Gout	◯Yes	◯No
High Blood Pressure	◯Yes	◯No
Heart Problems	◯Yes	◯No
Arthritis	◯Yes	◯No
Cancer	◯Yes	◯No
Depression	◯Yes	◯No
Smoking	◯Yes	◯No

Medical Conditions (please list)

Drug Allergies (please list)

Please list all medications that you are currently taking

Have you see another podiatrist in Alberta within the past 12 months? _____

If yes, what is the podiatrist's name? _____ If yes, How many visits? _____

this sometimes impacts Alberta Health Care billing

Please note, There is a **$50.00** visit fee for each visit to the Doctor.
We accept: Cash, Debit, Visa, MasterCard.

Visit fees may be charged for missed appointments. We have a 24 hour cancellation policy.