Dr. Jill Hagen, DPM
Dr. Lauren Grossman, DPM
363 Grand Avenue ● Englewood, NJ 07631
Phone (201)568-6977

Patient History

Last Name: ____ First Name: ____

Height: ______ ' ______" Weight: _________

Blood Pressure: ______ / ______

Date: ____ / ____ / ____________

DOB: ____ / ____ / ____________

Medical History	No	Yes	Unknown
Anxiety	☐	☐	☐
Arthritis	☐	☐	☐
Asthma	☐	☐	☐
Cancer	☐	☐	☐
C H F	☐	☐	☐
Diabetes Insulin	☐	☐	☐
Diabetes Non-Insulin	☐	☐	☐
GI Ulcers	☐	☐	☐
GI Reflux	☐	☐	☐
Heart Attack / MI	☐	☐	☐
Heart Disease	☐	☐	☐
High Blood Pressure	☐	☐	☐
Low Blood Pressure	☐	☐	☐
High Cholesterol	☐	☐	☐
Hyperthyroid	☐	☐	☐
Hypothyroid	☐	☐	☐
Kidney Disease	☐	☐	☐
Liver Disease	☐	☐	☐
Murmur	☐	☐	☐
Vascular Disease	☐	☐	☐
Other: ____			
Other: ____			

Social History	No	Yes	Quit
Smoking / Tobacco	☐	☐	☐
Alcohol	☐	☐	☐

Family History	No	Yes
Diabetes	☐	☐
Heart Disease	☐	☐
High Blood Pressure	☐	☐
Other:	☐	☐

	Medications	☐ None
1		mg
2		mg
3		mg
4		mg
5		mg
6		
7		
8		
9		
10		
11		
12		

Surgery	Year	☐ None
Heart Surgery		☐
Vascular Surgery		☐
Joint Replacement		☐
Foot & Ankle		☐
Other: __________________________		

	Drug Allergies	☐ None
1		
2		
3		
4		
5		

Chief complaint is ____

____

I hereby give permission to Dr. Jill Hagen, DPM / Dr. Lauren Grossman, DPM and/or associates for the examination and rendering care for my foot problem and/or related condition.

____ ____ / ____ / ____________

Patient Signature (if minor, parents) Date