

## Katherine E. Chou, DPM

2100 Webster St., Suite 407, San Francisco, CA 94115

Phone: (415) 426-7771 Fax: (415) 967-7053

www.drkatherinechou.com admin@drkatherinechou.com

### Patient Name:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Do you have a different/preferred first name? (Nickname, Chosen name, etc.): \_\_\_\_\_

DOB (required): \_\_\_\_\_ What is your sex? ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Significant Other ☐ Widowed

### Ethnic Group (Select One):

☐ Latino/Latina/Hispanic

☐ Non-Hispanic or Latino/a

☐ Declined/Unknown

☐ White

### Race: (Select all that apply)

☐ American Indian

☐ Alaskan Native

☐ Asian

☐ Black/African American

☐ Native Hawaiian

☐ Pacific Islander

☐ Other/Unknown/Declined

☐ White

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employment Status (Check one): ☐ Full Time ☐ Part Time ☐ Retired ☐ Self-Employed

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Primary \_\_\_\_\_

Language: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone Number: *Appointment reminders will be sent to 1st number listed.*

☐ Cell ☐ Home ☐ Work: \_\_\_\_\_ Confidential Message OK? ☐ Yes ☐ No

Email address: \_\_\_\_\_

Primary Care Provider (PCP): \_\_\_\_\_

Referral Source: ☐ PCP ☐ Yelp ☐ Google ☐ Prior patient of Dr. Spector ☐ Other: \_\_\_\_\_

### Medical Conditions:

☐ High Blood Pressure

☐ Gout

☐ Scoliosis

☐ Arthritis

☐ Asthma

☐ Foot Ulcers

☐ High Cholesterol

☐ Diabetes Mellitus

☐ Kidney Disease

☐ Heart Disease

☐ Thyroid Disease

☐ Foot Fracture or Surgery

☐ Osteoporosis

☐ Numbness in feet/legs

☐ Peripheral Vascular Disease (PVD)

☐ Cancer, Type: \_\_\_\_\_

### Surgeries/Hospitalizations:

☐ Appendectomy

☐ C-Section

☐ Ankle Surgery

☐ Foot Surgery

☐ Hysterectomy

☐ Valve Replacement

☐ Tonsillectomy

☐ Heary Surgery

☐ Orthopedic Surgery

☐ Other: \_\_\_\_\_



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### **This is the most important part of this paper work**

In the last few month has there been a recent change in your:

☐ Weight ☐ Work ☐ Activity ☐ Shoe Gear ☐ Flooring at work or home

Please explain:

**Please tell us what your Goal and Expectation are relating to your problem:**

Relating to your  
specific  
complaint(s),  
what would you  
like to  
accomplish  
during your visit  
today?

Relating to your specific complaint  
(s), what would you like to be able  
to accomplish in the near future  
that you may not be able to do right  
at this moment? (please include  
intermediate and long term goals)

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### **OFFICE POLICIES**

I acknowledge I was provided a copy of the **HIPPA Privacy Policy** and I have read and understand the notice. I acknowledge I was provided a copy of the **Office Financial Policy** and I have read and understand the notice. I agree to abide by all these policies.

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Signature of patient

(or financially responsible party)

Relationship

Date

\*The typed name is acceptable as an electronic signature