

**Amat Podiatric Services  
Dr. Alex Mateuchev  
#215, 4935 - 55 Avenue Edmonton, AB T6B-3S3  
780-466-5221**

**NEW PATIENT INFORMATION**

**SURNAME:** \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**GENDER:** M \_\_\_\_\_ F \_\_\_\_\_

**MARITAL STATUS:** Married \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_

**ALBERTA HEALTH CARE #** \_\_\_\_\_

**DATE OF BIRTH:** Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Shoe Size \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ @ \_\_\_\_\_

**PHONE:** Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ Work Phone # \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_

**REFERING DOCTOR:** \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_  
(ONLY if your doctor told you specifically to come to see Dr. Mateuchev)

***There is a Visit Fee for each visit to the Doctor.***

***(We accept: Cash, Debit, Visa, Master card).***

***We have a 24 hour cancellation policy.***

***\* Visit Fee's will be charged for missed appointments.***

Please initial that you have read and understand this policy: \_\_\_\_\_.

***Please note: Should a nail procedure, laser treatment or surgery be scheduled a non-refundable deposit is required before a date and booking can be secured.***

**Please complete other side**

Please answer the following questions:

**Have you seen another podiatrist in Alberta within the Past 12 months?** \_\_\_\_\_

**If yes, what is the podiatrist's name:** \_\_\_\_\_

**If yes, how many visits?** \_\_\_\_\_

**Are you Pregnant or think your Pregnant** \_\_\_\_yes \_\_\_\_no

**Drug allergies:** (please list)

\_\_\_\_\_

**Medical Conditions:** (please list)

\_\_\_\_\_

**Are you taking medications for any of the following conditions?**

Diabetes \_\_\_\_\_yes \_\_\_\_ no

Gout \_\_\_\_\_ yes \_\_\_\_ no

High blood pressure \_\_\_\_\_ yes \_\_\_\_ no

Heart problems \_\_\_\_\_ yes \_\_\_\_ no

Asthma \_\_\_\_\_ yes \_\_\_\_ no

Arthritis \_\_\_\_\_ yes \_\_\_\_ no

**Are you currently taking?**

Steroids \_\_\_\_\_ yes \_\_\_\_ no

Blood thinners \_\_\_\_\_ yes \_\_\_\_ no

Insulin \_\_\_\_\_ yes \_\_\_\_ no

Accutane \_\_\_\_\_yes \_\_\_\_no

Antibiotics (in last 2 weeks) \_\_\_\_\_ yes \_\_\_\_no

Please list any other types of medications that you are taking:

\_\_\_\_\_

\_\_\_\_\_

**What is your main complaint regarding your feet today?**

\_\_\_\_\_