DENVILLE
FOOT & ANKLE

Dr. Daniel Hennessy, DPM
3155 State Route 10 Suite 215
Denville NJ, 07834
973-895-3288

Demographic Information

Last: _____ First: _____ MI: _____

Date of Birth: _____/_____/_____(mm/dd/yy) Sex: _____ Race: _____

Social Security #: _____/_____/_____ Ethnicity: _____

Address: _____ Line 2: _____

City: _____State: _____ Zip: _____

How did you hear about our practice? _____

Contact Information

Cell: (_____) - _____ - _____ Email:

_____

Home: (_____) - _____ - _____ Work: (_____) - _____ - _____ Ext: _____

Emergency Contact Information

Last: _____ First: _____ MI: _____

Address: _____ Line 2: _____

City: _____State: _____ Zip: _____

Home: (_____) - _____ - _____ Cell: (_____) - _____ - _____

Primary Care Physician

Name: _____ Name of Practice: _____

Address: _____ Phone: (_____) - _____ - _____

City: _____State: _____ Zip: _____

Pharmacy Name: _____ Phone: (_____) - _____ - _____

YOUR INSURANCE CARD AND PHOTO ID ARE REQUIRED AT THE TIME OF YOUR VISIT

DENVILLE
FOOT & ANKLE

Dr. Daniel Hennessy, DPM
3155 State Route 10 Suite 215
Denville NJ, 07834
973-895-3288

Authorization to release or use information for treatment, payment, or health care operations

I, hereby authorize the release and/or use of the individually identifiable health information (protected health information or PHI) and medical information by Denville Foot and Ankle in order to carry out treatment, payment or health care operations. You should review the Practice's Notice of Privacy Practices for a more complete description of the potential release and use of such information, and you have the right to review such Notice prior to signing this Consent Form.
We reserve the right to change the terms of this Notice of Privacy Practices at any time. If we do make any change to the terms of its Notice of Privacy Practices, you may obtain a copy of the revised notice by writing our practice or requesting a copy from our front desk staff.
You retain the right to request that we further restrict how your protected health information is released or used to carry out treatment, payment, or health care operations. Our practice is not required to agree to such requested restrictions; however, if we do agree to your requested restriction(s), such restrictions are then binding on the practice.

Payment/Charges
Payment is due at time of service. You will be responsible for paying any co-payments, co-insurance, deductibles, non-covered services, or supplies at the time of service. We accept Cash, Check, Debit/Credit Card. Services will be filed to your insurance

I agree and consent to releasing information to me in the following manners:

- Via Mail
- Via Home Telephone
- Via Cellphone
- Via Work Telephone

By signing below, I attest that the information provided above is true and accurate

Signature of Insured / Guardian: _____ Date: _____/_____/_____

DENVILLE
FOOT & ANKLE

Dr. Daniel Hennessy, DPM
3155 State Route 10 Suite 215
Denville NJ, 07834
973-895-3288

Patient Communication Form

Please describe your complaint(s) (Be as detailed as possible):

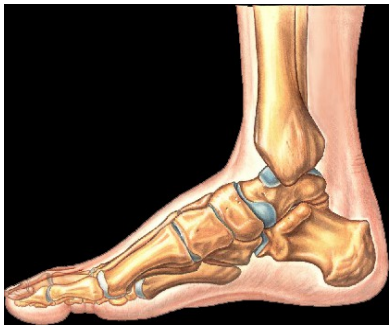
How long has this problem(s) been present?

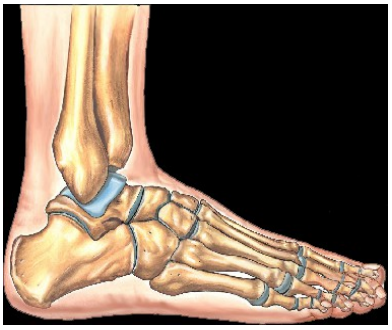
What specific incident started this complaint(s)?

What treatment(s) have you tried previously?

Please indicate on the diagram the area(s) involved:

- Right Foot
- Left Foot





- Swelling
- Pain (1 – 10)
- Discoloration

Name of Primary Care Physician: Last Visited: _____/_____/_____

Have you ever been to a podiatrist before? If yes, please list name(s) and date of visit:

DENVILLE
FOOT & ANKLE

Dr. Daniel Hennessy, DPM
3155 State Route 10 Suite 215
Denville NJ, 07834
973-895-3288

Medial History

Height: _____ ft. _____ in. Weight: _____ lbs.

History of diabetes: ☐ Yes ☐ No

History of hypertension: ☐ Yes ☐ No

History of smoking: ☐ Yes ☐ No ☐ Former Smoker If yes, how long?

History of drinking: ☐ Yes ☐ No ☐ Former Drinker

☐ Socially ☐ Daily ☐ Beer/Wine ☐ Hard Liquor

Please list all medical conditions/problems:

Please list all current medications (both prescription and non-prescription):

Please list any and all medical allergies:

List any previous surgeries: