DENVILLE
FOOT & ANKLE

Dr. Daniel G. Hennessy

Dr. Jade S. Richard

3155 State Route 10 Suite 215
Denville, NJ 07834
Phone: 973-895-3288 Fax: 862-276-2018
Web: www.denvillefootandankle.com

Welcome to Denville Foot & Ankle. Thank you for choosing our practice for your healthcare needs. In an ongoing effort to provide personalized patient care in the most efficient and economical manner possible, we ask that you take a few minutes and complete the following patient information, health history forms and financial policy form.

Demographic Information

Date of Birth:_____/_____/_____

Last Name:_____First Name:_____ MI:_____

Address 1:_____

City:_____ State:_____ Zip Code:_____

Sex:(optional)☐Male ☐Female Race (optional):_____

Cell Phone:_____Home Phone:_____

Email:_____

Emergency Contact Information

Last Name:_____ First Name:_____

Phone Number:_____ Relation:_____

Primary Care Physician Name:_____

Phone Number:_____

Pharmacy Name:_____

Phone Number:_____

Insurance Policy Holder- FIll out If insurance is not under your name

Last Name:_____First Name:_____

Dr. Daniel G. Hennessy
Dr. Jade S. Richard
3155 State Route 10 Suite 215
Denville, NJ 07834
Phone: 973-895-3288 Fax: 862-276-2018
Web: www.denvillefootandankle.com

DOB:_____

Address:_____

Phone Number:_____Relation:_____

Employer:_____

Insurer:_____ Policy Number:_____

Group Number:_____

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

I, hereby authorize the release and/or use of the individually identifiable health information and medical information by Denville Foot and Ankle in order to carry out treatment, payment or health care operations. You should review the practices' Notice of Privacy Practice for a more complete description of the potential release and use of such information.
We reserve the right to change the terms and condition of this Notice of Privacy Practice at any time. If we do make any changes, you may obtain a copy of the revised notice by requesting it at the front desk.

I agree and consent to releasing information to me in the following manner/and to leaving or sending messages regarding my health.
Please check all that apply

- Phone ☐
- Email ☐
- Voicemail ☐

To Whom May Denville Foot & Ankle give your healthcare information-**Please print**
Name: _____
Relationship: _____

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

Signature of Insured/Guardian:_____

Patient Communication Form

Please describe your complaint (s):

Dr. Daniel G. Hennessy
Dr. Jade S. Richard
3155 State Route 10 Suite 215
Denville, NJ 07834
Phone: 973-895-3288 Fax: 862-276-2018
Web: www.denvillefootandankle.com

_____

_____

What specific incident started this complaint (s):

_____

_____

How long has this problem (s) been present:

_____

_____

What treatment (s) have been tried previously:

_____

_____

Please indicate where the complaint is:

☐ Right or ☐ Left Foot

☐ Swelling or ☐ No Swelling

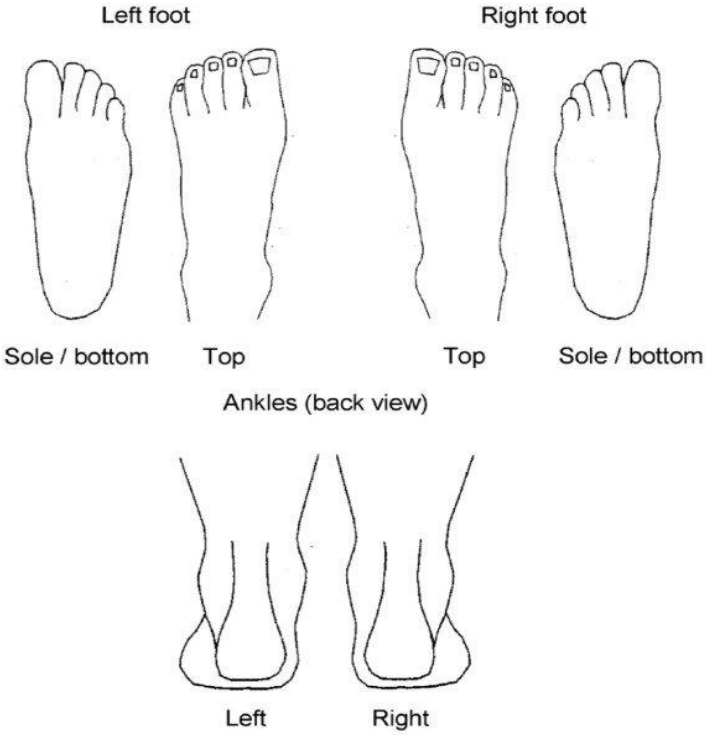
Pain on a scale of 1 to 10 _____

Vitals:

Height:_____foot_____inches

Weight:_____ lbs

Shoe Size:_____



Dr. Daniel G. Hennessy
Dr. Jade S. Richard
3155 State Route 10 Suite 215
Denville, NJ 07834
Phone: 973-895-3288 Fax: 862-276-2018
Web: www.denvillefootandankle.com

Social History

Do you smoke? ☐ Yes ☐ No If yes, for how long?_____

Do you drink? ☐ Yes ☐ No If yes, how many drinks do you have per week?_____

Medical History

List all Medical conditions:

List all Medications:

List all Allergies:

List all previous surgeries: (within the last 7 years)

Family Medical History:

None:	☐ Mother	☐ Father	☐ Brother	☐ Sister
Diabetic:	☐ Mother	☐ Father	☐ Brother	☐ Sister
High Blood Pressure:	☐ Mother	☐ Father	☐ Brother	☐ Sister
High Cholesterol:	☐ Mother	☐ Father	☐ Brother	☐ Sister
Heart Disease:	☐ Mother	☐ Father	☐ Brother	☐ Sister
Vascular Disease:	☐ Mother	☐ Father	☐ Brother	☐ Sister
Stroke:	☐ Mother	☐ Father	☐ Brother	☐ Sister
Cancer:	☐ Mother	☐ Father	☐ Brother	☐ Sister

FINANCIAL POLICY

If at any time you have a question regarding our office policies please do not hesitate to contact us as we will be happy to answer any questions you may have. A clear understanding of our Financial Policy is important to our ongoing relationship. We are a Medicare provider and a provider for most PPO and HMO plans in the area. It is the patient's responsibility to make sure that your insurance carrier lists our doctors as

Dr. Daniel G. Hennessy
Dr. Jade S. Richard
3155 State Route 10 Suite 215
Denville, NJ 07834
Phone: 973-895-3288 Fax: 862-276-2018
Web: www.denvillefootandankle.com

providers. If your insurance carrier requires a referral or prior authorization, please make sure you have gotten either of these before making your appointment. Our staff is available to assist you with this.

We will bill your insurance carrier for your visit. All copay payments are due at the time of your visit. Co-pays will not be billed. If you have an unmet deductible, we will collect 50% of the charges for the specific visit. These charges will not be billed. Any charges billed to your insurance company that are denied will become the financial responsibility of the patient. **Initial**_____

If you have secondary insurance, we will bill them one (1) time. If payment is not received within forty five (45) days from billing date the patient and or responsible party listed on this form will be billed. The charges will be due upon receipt.

Balances/Collection Fees: If balances are not paid within fourteen (14) days from the statement date, a $50.00 rebilling fee will be added to each additional statement sent for the unpaid balance. **Initial** _____

Past Due Accounts: Accounts that have balances older than ninety (90) days will be referred to a collection agency. An additional thirty five (35%) fee will be added to the current balance to cover the collection costs. **Initial** _____

Complete payment for all soft goods, medical products and supplies are due at the time they are dispensed. Deposits are required for all durable medical equipment and custom orthotics. Additional items include, but are not limited to diabetic shoes, braces, and walking boots.

A 24 hour notice is required for cancellations of appointments. If you miss two (2) appointments without calling our office 24 hours prior to the scheduled appointment, you will be assessed a 75.00 charge. **Initial** _____

Date: _____ Patient Signature: _____

Dr. Daniel G. Hennessy
Dr. Jade S. Richard
3155 State Route 10 Suite 215
Denville, NJ 07834
Phone: 973-895-3288 Fax: 862-276-2018
Web: www.denvillefootandankle.com

REVIEW OF SYSTEMS QUESTIONNAIRE

Patient Name: _____Date of Birth: _____

Please check any symptoms you had in the last **7 days** and explain answers. If you had none of these symptoms, please check mark this box: **All Negative** ☐

GENERAL
- Fatigue
- Nausea or Vomiting
- Fevers or Chills
- Insomnia
- Weight Loss > 10 pounds
- Weight Gain >10 pounds

HEENT
- Visual Changes
- Double Vision or Impaired Vision
- Ringing or buzzing noise
- Decrease Hearing or Hearing Loss
- Nasal Congestion or Postnasal Drip
- Sore Throat
- Neck Pain
- Swollen Glands

CARDIOVASCULAR
- Chest Pain
- Palpitations
- Shortness of Breath with exercise or at night
- Leg Pains or cramps with walking

RESPIRATORY
- Shortness of Breath
- Wheezing
- Chronic Cough
- Coughing Up Blood

GASTROINTESTINAL
- Abdominal Pain
- Constipation
- Diarrhea
- Heartburn
- Bloody Stool

GENITOURINARY
- Painful Urination
- Bloody Urine
- Increased Urination
- Leaking Urine

SKIN
- Rashes or Itching
- Insect Bites
- Mole Changes or New moles

MUSCULOSKELETAL
- Joint Pain or Redness
- Joint Stiffness
- Muscle pain or Weakness
- Leg Swelling

HEMATOLOGY
- Easy Bruising or Prolonged Bleeding
- Frequent infections

NEUROLOGIC
- Headaches
- Dizziness or Vertigo
- Difficulty Walking
- Numbness or Tingling
- Seizures or Tremor

PSYCHIATRIC
- Anxiety or Depression
- Suicidal Ideation
- Concerns about your emotional or physical safety
- History of Domestic Violence or Sexual Violence

ENDOCRINE
- Appetite Changes
- Increased Thirst
- Cold or Heat Intolerance

Any changes in your health or medication since last visit? Yes No
Patient signature:_____ Date:_____