Medical Hi tory

Are you Diabetic? Ye or No Have you ever received hoe from Medicare? Ye or No If o, Date_____

Are you an Amputee? Ye or No _____ **Lt or Rt** **AK / BK / AE / BE / Foot / Toe**
1 t Amputation Date **Side** **Amputation**

_____ _____ **Lt or Rt** **AK / BK / AE / BE / Foot / Toe**
Cau e of Amputation **2nd Amputation Date** **Side** **Amputation**

GENERAL HEALTH: **Poor** **Fair** **Good** **Excellent**

ACTIVITY LEVEL: **Low (K1)** **Medium (K2)** **Active (K3)** **Highly Active (K4)**

Have you ever had any of the following:
(Plea e check all that apply)

___ Heart Problem **___ Hepatiti A or B** **___Vi ion Problem** **___ Parkin on Di ea e**

___ Hyperten ion **___ HIV Po itive** **___ Va cular Di ea e** **___ Alzheimer Di ea e**

___ Rheumatoid Arthriti **___ Stroke** **___ Obe ity** **___ P ychiatric Problem**

___ Diabete **___ O teoarthriti** **___ Alcoholi m** **___Kidney Di ea e**

___ MSRA **___ Known Allergie (Including contact material)** **___ Pulmonary Di ea e (TB)**

Li t any other condition that you feel might affect your treatment (Including date and De cription of Surgerie):

_____

_____

Are you currently taking any medication ? If o, plea e li t:

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_____

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The above information i true and complete to the be t of my knowledge. I authorize my in urance benefit be paid directly to Premier Pro thetic . I under tand and agree that I am financially re pon ible for any balance. I al o authorize Premier Pro thetic or in urance company to relea e any information required to proce my claim .

_____ _____

Patient/Guardian Signature **Date**