Alpine Foot & Ankle Clinic
FOOT & ANKLE CARE FOR THE WHOLE FAMILY

Updated 6/2020

Established Patient Update Form

First Name: _____ **MI:** _____ **Last Name:** _____

DOB: ___ / ____ / _____ **Gender (Circle one):** ◯ Male ◯ Female

Address_____ **City** _____ **State** _____ **Zip**_____

Preferred Phone Number_____ **Okay to leave a detailed voicemail?** ◯ **Yes** ◯ **No**

E-Mail Address: _____

Would you like to receive our bimonthly Educational Newsletter via E-Mail? (Circle one): ◯ Yes ◯ No

Preferred Language: ◯ **English** ◯ **Spanish** ◯ **Other:** _____

PCP: _____ **Date last seen:** _____

Primary Insurance: _____ **Secondary Insurance:** _____

MEDICATIONS: list all meds taken on a daily basis – include pills, injectables, and vitamins (use back if needed)

Medication Name

_____ _____
_____ _____
_____ _____
_____ _____

MEDICATION ALLERGIES:

_____ _____
_____ _____

Preferred Pharmacy: _____

Height: _____ **Weight:** _____

Are you diabetic? ◯ Yes ◯ No **Last A1c:** _____ **Blood sugar today:** _____

Do you have any artificial joints or valves?: _____

List any foot and ankle surgeries since your last visit:

_____

Smoking Status (Circle one): ◯ Every Day Smoker ◯ Occasional Smoker ◯ Never Smoked

Did you receive a flu vaccine this year? ◯ Yes ◯ No

Did you receive a pneumonia vaccine this year? ◯ Yes ◯ No

I certify the information given is accurate to the best of my knowledge.

Patient Signature: _____ Date: _____

Dr. Gregg Neibauer, DPM
1845 Bancroft Street · Missoula, Montana 59801 · Phone (406) 721-4007 · www.alpinefoot.com