

REDWOOD PODIATRY GROUP, INC.

PHILIP ALWAY, D.P.M.
MATTHEW BOOKWALTER, D.P.M.
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3258 Timber Fall Court
Eureka, California 95503-4888
Phone: (707) 441-1112
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Welcome To Our Office

Patient Information

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: () _____ Work: () _____ Cell: () _____

Date of Birth: _____ Age: _____ Female Male

Social Security #: _____ - _____ - _____ Single Married Divorced Widowed

Emergency Contact () _____ Name: _____ Relation: _____

Email Address: _____

Employer Information

Name of Employer: _____ Occupation: _____

Insurance Information

Primary Insurance: _____ ID#: _____

Secondary Insurance: _____ ID#: _____

Primary Care Doctor: _____

Pharmacy of Choice: _____

Lifestyle

Do you drink alcohol? Yes No How much? _____

Do you currently use tobacco? Yes No How much do you smoke? _____

What year did you begin? _____ When did you quit? _____

Do you do any recreational drug use? Yes No Type: _____ 215 Card: Yes No

Family History (list any medical conditions pertinent to the following relatives)

Mother: _____

Father: _____

Siblings: _____

Grandparents: _____

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Pregnancy Are you pregnant Yes No Are you breastfeeding? Yes No

Medications (Please include a separate list if not enough room)

Name of Medication	Strength (mg's, etc.)	Dose (i.e., twice/day)	Reason for taking med

Allergies (Please include a separate list if not enough room)

Allergy	Reaction	Severity

Medical History (list any ongoing medical problems you are being treated for)

Hospitalizations / Surgeries
