

David Jespersen, DPM
Cumberland Foot and Ankle Center, LLC
10 East Main Street, Suite B
Millville, NJ 08332
856.293.1880

Health History

Past Medical History Circle if you have:

Heart Disease	High Blood Pressure	Diabetes
Arthritis	Kidney Disease	Cancer
Back Trouble	Stroke	Anemia
Bleeding Tendency	High Cholesterol	

Any other Disease (Please List):

Medications (include nonprescription): _____

Drug/ Non Drug Allergies: _____

Surgery History: _____

Signature: _____

Acknowledge of receipt if notice of Privacy Practices: (See plaque on wall)

I acknowledge that I was offered a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so choose) and understand the notice.

Patient signature: _____

Parent or authorized representative signature (if applicable):

Date: _____