Richard Sherman D.P.M.
Diplomate, American Board of Podiatric Surgery

199 Jericho Turnpike, Suite 202 **(516) 488-1131**
Floral Park, New York 11001 **FAX:(516) 488-1151**

Name:_____First:_____Date:_____

Address:_____

City:_____State:_____Zip:_____

Date Of Birth:_____

Home Telephone #_____Work#_____Cell#_____

Marital Status:_____Social Security#_____

Referred By:_____

Medical History:_____

Medications:_____

Allergies to Medication or Adhesive tape:_____

Surgeries in last five years:_____

Medical Physician:_____Phone#_____

Have you had previous treatment by a podiatrist?_____
When?_____What?_____

What is your foot problem today? _____
Insurance Company:
Primary:_____Secondary:_____

I give Dr. Richard Sherman permission to examine and treat my feet.

Signature:_____