



Prairie Path Foot & Ankle Clinic

136 W Vallette St. ~ Suite 2 Elmhurst, IL 60126 630.834.3668 www.elmhurstfootdoc.com

Thank you for choosing the physicians at PPFAC for your second opinion. To ensure the highest quality of care, we need you to fill out this form as completely as possible and return it to our office at least 2 business days prior to your appointment. If you are unable to do this, please know that your visit with the doctor will simply be an evaluation and you will need to return at a later date for care and recommendations after our physicians have had a chance to fully review your history and any test results.

What is the condition you are seeking a second opinion for? _____

How long has the condition existed? _____

What are you hoping to gain from this 2nd opinion? _____

List any doctor(s) have you seen for this condition and approximate date(s) of care?

1- _____

2- _____

3 - _____

Have you ever had surgical intervention for this problem? Yes No Date _____

Have you ever had any other foot or ankle surgeries? Yes No
Date and type _____

What treatments have you previously had and did they help alleviate your symptoms?

<u>Treatment</u>	<u>Result</u>
_____	_____
_____	_____
_____	_____
_____	_____

What test have you had and list dates and results if known

MRI Yes No _____

X-rays Yes No _____

Ultrasound Yes No _____

Nerve Test Yes No _____

Other _____

Please return the following at least 2 business days prior to your appointment:

- This completed form
- Copies of any x-rays (if you are unable to obtain or they are not current we are happy to take new ones at your visit) New x-rays may need to be taken at our discretion
- If you have had a previous test: please bring final reports (MRI, ultrasound, etc)
- If you have had surgery for this condition:
 - o operative report,
 - o Pre and post op notes
 - o x-rays

We look forward to seeing you at your visit!