

ORTHOPEDIC SURGERY OF THE FOOT AND ANKLE, PA

SARAH E. DEWITT, MD

Welcome Letter

Dear Patient:

We look forward to seeing you! Enclosed is a set of forms that we need filled out for you to be seen. Your wait can be shortened by sending these to us prior to your appointment (fax is strongly preferred because it is safest for protected health information (fax 919-838-5201). But, you are in charge of your protected health information and if you desire to send it via email to frontdesk@orthopedicfootandankle.com we will accept it). If you forget your forms, we are happy to have you fill them out when you come.

Your appointment with Dr. DeWitt is scheduled for

Please bring insurance card, photo ID, and shorts

No show fee - \$25 if less than 24 hour notice

Parking

We have a gated parking lot. The parking lot is there for patients. Gate is open most of the time, but if it is closed, just call us from your cell phone and we will buzz you in. We look forward to seeing you!

Covid

As a medical clinic, we follow CDC guidelines. This may change over time. Masks may be required, see the sign on the door.

Insurance reminder

Referral: Some insurances require referral (for example, Carolina Access, Medicaid, Aetna Duke plan, Cigna HMO, POS, or HMO POS; Network POS, and Connect Network); Humana HMO. **This is your responsibility to get this prior to your appointment.**

We are *out of network* for UnitedHealthcare as of Nov 15, 2022. We *do take* UnitedHealthcare if it is secondary to Medicare, no problem (AARP for example).

There are several companies that have small plans that we are excluded from. These include Blue Value/Blue Local (we take all BCBS, just not Blue Value/Blue Local), Cigna Surefit, Aetna Duke Select, Aetna Medicare Advantage plans, Cigna Medicare Advantage plans.

If you have a plan that we do not take, we would be happy to see you out of network (which often has more patient cost). And we have a cash pay option that is very affordable.

Questions about insurance can often be answered prior to your appointment, just give us a call.

We are so glad you are coming to see us, and we look forward to meeting you in person!



ORTHOPEDIC SURGERY
FOOT & ANKLE

Payment

I understand that I am responsible for my bill regardless of insurance coverage. Insurance contracts are between the patient and his/her insurance company. The insurance company is responsible to the patient and the patient remains responsible to the physician or clinic. I authorize assignment to benefits to OSFA of payments due for medical services rendered to myself or my dependents. If my account becomes delinquent, I agree to pay reasonable costs incurred in collecting the account, including reasonable attorney's fees. I also understand that I am responsible for any amount not covered by insurance carriers.

Release of Information and Authorization of Payment

I hereby authorize OSFA to release my medical information to my insurance company and other health care providers that are involved with my care.

HIPAA Privacy Acknowledgement

I have had the opportunity to review the HIPAA information brochure on the Notice of Privacy Practices for OSFA (a laminated copy is permanently displayed at front desk). I understand I can have a copy of the financial or HIPAA policy for OSFA at any time. I understand that OSFA uses a sign in list at front desk and that I will be called back by name. I understand that OSFA uses recorded phone call appointment reminders sent to the phone number you provide us.

Staff

I understand that it is part of the mission of OSFA to mentor students. We consistently have college students doing internship work.

Other fees

No show: \$25 fee. We will not reschedule after 3 no show or late cancellation events. There is a After hours calls: \$25/call fee not covered by insurance.

Review of scans/studies

If Dr. DeWitt reads a study for you (for example a CT scan, MRI scan, bone scan), Aetna and United, for example, do not pay. You will be responsible for a flat fee of \$40 for each scan.

Referrals

We are happy to provide you with referrals to providers whom we think do good work and are convenient to you. But you are responsible for figuring out whether they are in or out of network. There is just no way for us to be knowledgeable about which groups take which plans as these are always changing. You can call your insurer for help with determining this.

Date

Signature of the Patient, Parent or Guardian (if under 18 years old)



ORTHOPEDIC SURGERY
FOOT & ANKLE

Electronic Communication Policy

E-mail

We are happy to use e-mail (with patient's consent) to send documents, work notes, etc. but would avoid this for protected health information.

What we will *not* do: answer clinical questions, like "what do I do if the swelling is not going down?" by email. These should be handled by phone.

_____ I do consent to the above communication by email

Cell phones

We do allow patients to use their cell phones in the office. We would never record anything that occurs in our office without the patient's consent. And, for any visitor, patient or family member to photograph, video, or record anything in our office, they have to have OSFA's consent. It is not appropriate at this time to email or text photos or clinical information to us. Our office handles medical issues by phone and in person.

Facetime

If you want to include family for the visit, we are happy to do this as long as we discuss it and set up appropriate time and location. We have to be thoughtful of the other patients and protect their and your privacy.

Social media like Facebook

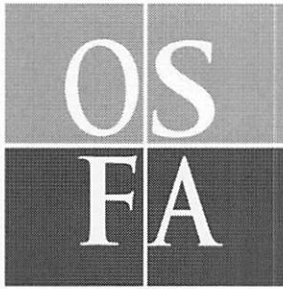
OSFA does not participate in these currently.

Fax

This is the standard means that we use to communicate to other physician practices and hospitals. As new electronic options to communicate become available, we will evaluate to see if they are safe and reasonable for our practice.

Date

Signature of the Patient, Parent or Guardian



ORTHOPEDIC SURGERY OF THE FOOT AND ANKLE, PA

SARAH E. DEWITT, MD

Directions

600 N. Person St, Raleigh, NC 27604

Near to Peace College, Cameron Village and downtown Raleigh

Located right across the street from the downtown Raleigh Krispy Kreme on Person Street

From Cary

Wade avenue east to Glenwood exit. Go right (south) on Glenwood. Travel about 0.75 miles. At Peace Street, go left on protected light where Mellow Mushroom is on corner. Drive about 5 blocks past the entrance to Peace College. Stay in right lane and go left at light at Person Street (Krispy Kreme is on your left). You will take immediate right into the parking lot just past the BP gas station.

From north Raleigh

Take Capitol Boulevard (401 S/US 1) south. The Peace Street Exit is about 3 miles inside the beltline. Exit at the Peace Street exit (just after the Wade avenue exit). At stop sign go left on Peace Street (car wash, Finch's Restaurant). Drive about 5 blocks, past the entrance to Peace College. Stay in right lane and go left at light at Person Street (Krispy Kreme is on your left). You will take immediate right into the parking lot just past the BP gas station. Alternatively, Atlantic and Wake Forrest both will send you to Blount Street where you can go left on Peace Street and follow the above directions.

From Garner

Drive north toward Raleigh on Hammond Road. Hammond Road becomes Person Street at the 440 beltline. If you drive north on Person Street about 1.7 miles past the beltline, passing Shaw College, the Governor's Mansion, you will eventually see the Krispy Kreme Doughnut sign on your left at the intersection of Peace Street. The clinic is on the right hand side, directly across from Krispy Kreme.

From Knightdale/Zebulon

Take 64 toward Raleigh. This becomes New Bern Avenue. Just after passing the 440 Beltline, you will pass WakeMed Hospital on the left side. You will proceed about two and a half miles, just before the Governor's Mansion. Just after passing Bloodworth Street, you will take a right at the light on Person Street. Drive about 5 more blocks until you see the Krispy Kreme on your left. The clinic is located on your right side, immediately past the intersection of Peace Street (across from the BP).

Parking

The parking beside the building is for you, so please use it! There is a gate that should be open. If it is closed, just drive up to it and call from the car and we will open it for you.

PATIENT INFORMATION

1

Date _____

Identification

Last Name

First Name

Middle name

Suffix

Male ☐

Female ☐

Date of Birth _____

Social XXX-XX- _____ (we just need the last 4)

Address

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip _____

Telephone numbers

Home _____

Cel _____

Work _____

email _____

Marital Status

☐ Single

☐ Married

☐ Divorced

☐ Widowed

Emergency Contact

Name Phone relation

Name Phone relation

Reminder calls

Do you want automated reminder call for appointment

☐ yes ☐ no

Work

Employer _____

Insurance (Primary)

Policy # _____ Group # _____

If you are on someone else's insurance policy:

Name of Insured

DOB of Insured

Insurance (Secondary)

Policy # _____ Group # _____

If you are on someone else's insurance policy:

Name of Insured

DOB of Insured

Reason for Visit

2

Tell us what you have come today to have evaluated or treated (check all that apply)?

Left Right

- | | | |
|-----------------------|----------------|-----------------------|
| <input type="radio"/> | foot pain | <input type="radio"/> |
| <input type="radio"/> | foot swelling | <input type="radio"/> |
| <input type="radio"/> | ankle pain | <input type="radio"/> |
| <input type="radio"/> | ankle swelling | <input type="radio"/> |
| <input type="radio"/> | bump | <input type="radio"/> |
| <input type="radio"/> | foot fracture | <input type="radio"/> |
| <input type="radio"/> | ankle fracture | <input type="radio"/> |
| <input type="radio"/> | sprain | <input type="radio"/> |
| <input type="radio"/> | ulcer | <input type="radio"/> |
| <input type="radio"/> | numbness | <input type="radio"/> |
| <input type="radio"/> | infection | <input type="radio"/> |
| <input type="radio"/> | Other | <input type="radio"/> |

Allergies

Reaction

Medications (do include things like calcium, vit D, fish oil, etc)

Name

Dose

How many
times/day

Pharmacy you would like us to use:

How did you know to come to us-did someone refer you to us?

**Who is your primary care doctor
(or regular provider)**

Other doctors with whom we should keep in communication with (rheumatologist, cardiologist, neurologist, etc)

For several insurances (and hospitals, if you are going to have a procedure) we need:

Height _____ Weight _____

COVID Vaccine

- ○

Date of first vaccine _____

Not vaccinated

Booster shot

Social History

3

Smoking status/nicotine/tobacco

- ☐ never a smoker
- ☐ former smoker
- ☐ current every day smoker
- ☐ if applicable, how
- ☐ chew tobacco
- ☐ pipe-cigar
- ☐ e-cigarette/vape
- ☐ nicotine

Alcohol

- ☐ never drink
- ☐ occasional drink
- ☐ moderate drink
- ☐ heavy drinker

Illicit drugs?

Attorney involved?

Activity outside of work

- ☐ walk
- ☐ walk the dog
- ☐ treadmill
- ☐ golf
- ☐ yardwork
- ☐ house projects
- ☐ jog/run
- ☐ bike
- ☐ elliptical
- ☐ gym/weights

Surgery History

Date

Surgery

Locatio

Job requirements

- ☐ I am currently working
employer _____
Occupation _____
- ☐ This is work related injury
- ☐ Last date worked
- ☐ I am on disability or applying for it

Living situation (check all that apply)

- ☐ live alone
- ☐ live with others
- ☐ single parent
- ☐ caring for elderly relative
- ☐ I have children?
If so what age? _____

Activity related to work

- ☐ desk or sitting
- ☐ some walking and standing
- ☐ strenuous walking/standing/lifting
- ☐ driving commercial vehicle
- ☐ uneven ground
- ☐ climbing or roof work
- ☐ swim
- ☐ water
- ☐ tennis
- ☐ pickle ball
- ☐ soccer
- ☐ cross
- ☐ basketball
- ☐ yoga/pilates
- ☐ exercise
- ☐ crossfit/boo
- ☐ other

Past Medical History & Family History

4

Please check all that apply to you (on left) and your family history (on right)

You	CARDIOVASCULAR	Family	You	KIDNEY/BLADDER	Family
<input type="radio"/>	High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Kidney stones	<input type="radio"/>
<input type="radio"/>	Murmur	<input type="radio"/>	<input type="radio"/>	decreased kidney function	<input type="radio"/>
<input type="radio"/>	stents placed	<input type="radio"/>	<input type="radio"/>	on dialysis or was on dialysis	<input type="radio"/>
<input type="radio"/>	Coronary Heart Disease (CAD)	<input type="radio"/>	<input type="radio"/>	bladder infections	<input type="radio"/>
<input type="radio"/>	Irregular beat	<input type="radio"/>	<input type="radio"/>	prostate problems	<input type="radio"/>
<input type="radio"/>	a-fib	<input type="radio"/>	<input type="radio"/>	Kidney transplant	<input type="radio"/>
<input type="radio"/>	on blood thinner	<input type="radio"/>	<input type="radio"/>	other kidney & bladder	<input type="radio"/>
<input type="radio"/>	Pacemaker	<input type="radio"/>	You	BLEEDING & CLOTTING	Family
<input type="radio"/>	defibrillator	<input type="radio"/>	<input type="radio"/>	Anemia	<input type="radio"/>
<input type="radio"/>	angioplasty	<input type="radio"/>	<input type="radio"/>	easy or free bleeding	<input type="radio"/>
<input type="radio"/>	angiogram	<input type="radio"/>	<input type="radio"/>	easy bruising	<input type="radio"/>
<input type="radio"/>	valve problem	<input type="radio"/>	<input type="radio"/>	aspirin	
<input type="radio"/>	chest pain	<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	congestive heart failure	<input type="radio"/>	<input type="radio"/>	coumadin/warfarin	
<input type="radio"/>	High Cholesterol	<input type="radio"/>	<input type="radio"/>	plavix	
<input type="radio"/>	other	<input type="radio"/>	<input type="radio"/>	xerelto/brillinta/eliquis	<input type="radio"/>
You	LUNG DISEASE	Family	<input type="radio"/>	blood clot/DVT	<input type="radio"/>
<input type="radio"/>	Shortness of breath	<input type="radio"/>	<input type="radio"/>	pulmonary embolus (PE)	<input type="radio"/>
<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>	bleeding disorder	<input type="radio"/>
<input type="radio"/>	pneumonia	<input type="radio"/>	<input type="radio"/>	other bleeding/clotting	<input type="radio"/>
<input type="radio"/>	Bronchitis	<input type="radio"/>	You	BLOOD FLOW-VASCULAR	Family
<input type="radio"/>	Emphysema (COPD)	<input type="radio"/>	<input type="radio"/>	cannot feel pulse	<input type="radio"/>
<input type="radio"/>	Use oxygen	<input type="radio"/>	<input type="radio"/>	peripheral vascular disease	<input type="radio"/>
<input type="radio"/>	Sleep apnea	<input type="radio"/>	<input type="radio"/>	angiogram of legs	<input type="radio"/>
<input type="radio"/>	Use CPAP at night	<input type="radio"/>	<input type="radio"/>	surgery to restore blood flow	<input type="radio"/>
<input type="radio"/>	other	<input type="radio"/>	<input type="radio"/>	varicose veins	<input type="radio"/>
You	DIABETES	Family	<input type="radio"/>	edema or swelling in ankles	<input type="radio"/>
<input type="radio"/>	Borderline/pre-diabetes	<input type="radio"/>	<input type="radio"/>	vascular other	<input type="radio"/>
<input type="radio"/>	Diabetes Type I	<input type="radio"/>	You	NEUROLOGIC	Family
<input type="radio"/>	Diabetes Type II	<input type="radio"/>	<input type="radio"/>	headaches	<input type="radio"/>
<input type="radio"/>	on insulin	<input type="radio"/>	<input type="radio"/>	neuropathy	<input type="radio"/>
<input type="radio"/>	oral medication	<input type="radio"/>	<input type="radio"/>	Parkinsons disease	<input type="radio"/>
<input type="radio"/>	Gestational diabetes	<input type="radio"/>	<input type="radio"/>	stroke or TIA	<input type="radio"/>
<input type="radio"/>	glucose checking		<input type="radio"/>	head injury or cerebral palsy	<input type="radio"/>
<input type="radio"/>	never (my doctor checks)		<input type="radio"/>	Charcot-Marie-Tooth (CMT)	<input type="radio"/>
<input type="radio"/>	weekly		<input type="radio"/>	MS (multiple sclerosis)	<input type="radio"/>
<input type="radio"/>	daily		<input type="radio"/>	restless leg syndrome	<input type="radio"/>
<input type="radio"/>	multiple times a day		<input type="radio"/>	Neck pain	<input type="radio"/>
<input type="radio"/>	recent A1C < 6.0		<input type="radio"/>	upper back pain	<input type="radio"/>
<input type="radio"/>	A1C 6-7 range		<input type="radio"/>	lower back pain	<input type="radio"/>
<input type="radio"/>	A1C 7-8 range		<input type="radio"/>	buttock area pain	<input type="radio"/>
<input type="radio"/>	A1C > 8		<input type="radio"/>	chiropractor	<input type="radio"/>
<input type="radio"/>	Diabetic neuropathy	<input type="radio"/>	<input type="radio"/>	neck or back surgery	<input type="radio"/>
<input type="radio"/>	Diabetic kidney problems	<input type="radio"/>	<input type="radio"/>	nerve conduction test	<input type="radio"/>
<input type="radio"/>	Diabetic eye problems or surgery	<input type="radio"/>	<input type="radio"/>	pain clinic treatment	<input type="radio"/>
<input type="radio"/>	Ulcer on foot	<input type="radio"/>	<input type="radio"/>	neurologic other	<input type="radio"/>
<input type="radio"/>	amputation part of foot	<input type="radio"/>			
<input type="radio"/>	amputation toe	<input type="radio"/>			
<input type="radio"/>	amputation of whole foot	<input type="radio"/>			

History Page 2

You	PSYCHIATRIC	Family
<input type="radio"/>	anxiety	<input type="radio"/>
<input type="radio"/>	depression	<input type="radio"/>
<input type="radio"/>	sleep disorder	<input type="radio"/>
<input type="radio"/>	ADD/ADHD	<input type="radio"/>
<input type="radio"/>	hospitalized for psychiatric	<input type="radio"/>
<input type="radio"/>	psychiatric other	<input type="radio"/>

You	BONE HEALTH	Family
<input type="radio"/>	had bone density test;	<input type="radio"/>
<input type="radio"/>	osteopenia	<input type="radio"/>
<input type="radio"/>	osteoporosis.	<input type="radio"/>
<input type="radio"/>	stress fracture in past	<input type="radio"/>
<input type="radio"/>	broken bone in past	<input type="radio"/>

You	CANCER	Family
<input type="radio"/>	breast	<input type="radio"/>
<input type="radio"/>	prostate	<input type="radio"/>
<input type="radio"/>	colon cancer	<input type="radio"/>
<input type="radio"/>	skin	<input type="radio"/>
<input type="radio"/>	chemo	<input type="radio"/>
<input type="radio"/>	radiation	<input type="radio"/>
<input type="radio"/>	other cancer	<input type="radio"/>

You	HISTORY OTHER	Family
<input type="radio"/>	problems with anaesthesia	<input type="radio"/>
<input type="radio"/>	serious or recurrent infections	<input type="radio"/>
<input type="radio"/>	fever/sweats/chills	<input type="radio"/>
<input type="radio"/>	IV antibiotics	<input type="radio"/>
<input type="radio"/>	History of MRSA infection	<input type="radio"/>
	other history	

You	ORTHOTICS/BRACES/SHOES	Family
<input type="radio"/>	hard plastic from podiatrist	<input type="radio"/>
<input type="radio"/>	over the counter arch support	<input type="radio"/>
<input type="radio"/>	orthotics from orthoticst/bracemaker	<input type="radio"/>
<input type="radio"/>	cane	<input type="radio"/>
<input type="radio"/>	crutches	<input type="radio"/>
<input type="radio"/>	wheelchair	<input type="radio"/>
<input type="radio"/>	knee walker	<input type="radio"/>
<input type="radio"/>	walker	<input type="radio"/>

You	ARTHRITIS	Family
<input type="radio"/>	Osteoarthritis	<input type="radio"/>
<input type="radio"/>	arthritis of hip or knee	<input type="radio"/>
<input type="radio"/>	arthrits of hands	<input type="radio"/>
<input type="radio"/>	rheumatoid arthritis.	<input type="radio"/>
<input type="radio"/>	lupus or SLE	<input type="radio"/>
<input type="radio"/>	Reiters Syndrome	<input type="radio"/>
<input type="radio"/>	gout.	<input type="radio"/>

You	Arthritis (continued)	Far
<input type="radio"/>	Lyme disease	<input type="radio"/>
<input type="radio"/>	pseudogout	<input type="radio"/>
<input type="radio"/>	psoriatic arthritis	<input type="radio"/>
<input type="radio"/>	joint pain or joint swelling	<input type="radio"/>
<input type="radio"/>	ankylosing spondylitis	<input type="radio"/>
<input type="radio"/>	stiffness in the morning	<input type="radio"/>
<input type="radio"/>	fibromyalgia	<input type="radio"/>
<input type="radio"/>	seen by rheumatologist in past	<input type="radio"/>
<input type="radio"/>	hip or knee replacement	<input type="radio"/>

You	SKIN PROBLEMS	Far
<input type="radio"/>	psoriasis	<input type="radio"/>
<input type="radio"/>	eczema	<input type="radio"/>
<input type="radio"/>	ulcers in mouth	<input type="radio"/>
<input type="radio"/>	dry eye/dry mouth	<input type="radio"/>
<input type="radio"/>	sun sensitivity	<input type="radio"/>
<input type="radio"/>	rash other	<input type="radio"/>
<input type="radio"/>	raynauds	<input type="radio"/>
<input type="radio"/>	hair loss	<input type="radio"/>
	skin other	

You	GI HISTORY	Far
<input type="radio"/>	reflux (GERD)	<input type="radio"/>
<input type="radio"/>	ulcer	<input type="radio"/>
<input type="radio"/>	problems with NSAID's	<input type="radio"/>
<input type="radio"/>	recurrent diarrhea	<input type="radio"/>
<input type="radio"/>	Chron's or Ulcerative Colitis	<input type="radio"/>
<input type="radio"/>	gastric bypass surgery	<input type="radio"/>
<input type="radio"/>	gluten sensitivity or celiac	<input type="radio"/>
<input type="radio"/>	GI other	<input type="radio"/>

You	LIVER & GALL BLADDER	Far
<input type="radio"/>	gallstones	<input type="radio"/>
<input type="radio"/>	hepatitis A	<input type="radio"/>
<input type="radio"/>	hepatitis B	<input type="radio"/>
<input type="radio"/>	hepatitis C	<input type="radio"/>
<input type="radio"/>	liver & gallbladder other	<input type="radio"/>

You	ENDOCRINE	Far
<input type="radio"/>	low thyroid	<input type="radio"/>
<input type="radio"/>	hyperthyroid	<input type="radio"/>
<input type="radio"/>	Hashimotos	<input type="radio"/>
<input type="radio"/>	thyroid nodule	<input type="radio"/>
<input type="radio"/>	Graves disease	<input type="radio"/>
<input type="radio"/>	endocrine other	<input type="radio"/>

History of Problem

5

Tell us a little about your problem, about what brings you in today?

Date of onset (please be specific as you can, date, time if an injury):

Quality of pain (if you have pain)

- | Left | | Right |
|-----------------------|-------------|-----------------------|
| <input type="radio"/> | aching | <input type="radio"/> |
| <input type="radio"/> | burning | <input type="radio"/> |
| <input type="radio"/> | stabbing | <input type="radio"/> |
| <input type="radio"/> | sharp | <input type="radio"/> |
| <input type="radio"/> | dull | <input type="radio"/> |
| <input type="radio"/> | superficial | <input type="radio"/> |
| <input type="radio"/> | deep | <input type="radio"/> |
| <input type="radio"/> | other | <input type="radio"/> |

Timing of symptom

- ☐ intermittant
- ☐ constant
- ☐ worse at night

Pain severity (if you have pain)

- ☐ no pain
- ☐ mild pain
- ☐ moderate
- ☐ sever
- ☐ Pain level ____/10
- Scale 1-10: _____

Do any of these make it better (alleviate)?

- ☐ sitting/lying down
- ☐ heat or ice
- ☐ rest
- ☐ over the counter medication
- ☐ tennis shoes

Do any of these make it worse (aggravate)?

- ☐ activity on feet
- ☐ shoe
- ☐ wearing high heel
- ☐ hard surface
- ☐ uneven ground

Check device you currently use

- ☐ none
- ☐ cane
- ☐ walker
- ☐ crutches
- ☐ wheelchair
- ☐ knee walker

Prior Treatments

- ☐ emergency room/urgent care
- ☐ cast
- ☐ brace
- ☐ surgery
- ☐ podiatrist
- ☐ orthopedic surgeon
- ☐ primary care
- ☐ physical therapy
- ☐ injections
- ☐ medication
- ☐ nerve test
- ☐ orthotics
- ☐ pain management
- ☐ other

Did you bring xrays or other radiographic studies with you?

- | Left | | Right |
|-----------------------|-----------|-----------------------|
| <input type="radio"/> | none | <input type="radio"/> |
| <input type="radio"/> | xrays | <input type="radio"/> |
| <input type="radio"/> | MRI | <input type="radio"/> |
| <input type="radio"/> | CT scan | <input type="radio"/> |
| <input type="radio"/> | bone scan | <input type="radio"/> |

Date

Location where taken
