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**Patient Information:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance: \_\_\_\_\_ DOB: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

NPI #: \_\_\_\_\_ Fax: \_\_\_\_\_

- Evaluate and treat     Evaluate and consult before treatment     Orthotics/ankle foot orthoses

**Differential Diagnosis:**

- |  |   |
|--|---|
| <input type="checkbox"/> Ankle instability / Sprain                |   |
| <input type="checkbox"/> Athlete's Foot                            |   |
| <input type="checkbox"/> Back/hip/knee pain*                       |   |
| <input type="checkbox"/> Bunions / Hammertoe                       |   |
| <input type="checkbox"/> Corns / Calluses / Nail Care              |   |
| <input type="checkbox"/> Diabetic Foot Exam                        |   |
| <input type="checkbox"/> Plantar fasciitis / Heel Spur / Heel Pain |   |
| <input type="checkbox"/> Flat feet                                 |   |
| <input type="checkbox"/> Fractures                                 |   |
| <input type="checkbox"/> Gait abnormalities                        | <input type="checkbox"/> Shin splints   |
| <input type="checkbox"/> Gout                                      | <input type="checkbox"/> Tendonitis     |
| <input type="checkbox"/> Ingrown toenail                           | <input type="checkbox"/> Toenail Fungus |
| <input type="checkbox"/> Leg length discrepancy                    | <input type="checkbox"/> Ulcers         |
| <input type="checkbox"/> Neuromas                                  | <input type="checkbox"/> Warts          |

\*(as they relate to biomechanical problems)



Left Foot

Right Foot

**We currently accept all insurance companies except Medicaid.**

**Thank you for this referral!**

Please include patient notes, demographics and insurance and fax to (859) 264-1963.

New patient forms can be found on our website [www.lexpodiatry.com](http://www.lexpodiatry.com).

Our office will fax this back to you once an appointment has been set.

Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_