

Foot and Ankle Surgical Second Opinion Evaluation Application

In order to determine whether or not Dr. Segler will be able to help you with your foot or ankle problem, we ask that you provide all of the following the necessary information. After this has been completed and returned, our staff will contact you and inform you of the outcome of the application. Please return by mail or fax to 877-800-1825. You will typically be contacted within 1 business day.

Name: _____ phone number: _____

Do you live in the: SF Bay Area ___ Out of State ___ Abroad ___ Country _____

Please briefly describe your current foot/ankle problem and how it began. _____

Were you previously treated by another foot and ankle specialist for your current foot and ankle problem? Yes ___ No ___

Why have you chosen to no longer continue treatment with that doctor? _____

Have you ever had surgery on the bothersome foot or ankle? Yes ___ No ___
How long ago was your surgery or last treatment? _____

Do you use tobacco products? Yes ___ No ___. Please describe. _____

Have you had physical therapy for this problem? Yes ___ No ___ Please describe what you think helped the most in terms of physical therapy treatments.

Have you ever had foot orthotics (shoe inserts) or any type of brace?

Yes ___ No ___ Please describe. _____

What type of insurance do you have? _____

Please mark all of the following tests you have had since the problem began.

___ XRAY, ___ MRI, ___ Bone Scan, ___ CT Scan, ___ Blood Tests,
___ Ultrasound, ___ Vascular Exam, ___ Other test not listed here.

Have you applied for disability? Yes ___ No ___

Are you currently employed? Yes ___ No ___

What type of work do you do? _____

Have you applied for disability or workman's compensation? Yes ___ No ___

Why are you convinced that Dr. Segler will be able to help you? _____
