

PATIENT NAME: _____ DATE: _____

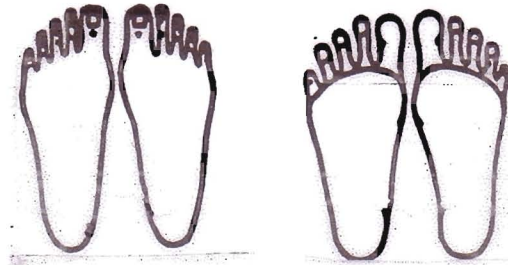
MEDICAL INFORMATION

THIS INFORMATION IS IMPORTANT FOR OUR RECORDS AND YOUR HEALTH

TOP OF FOOT
LEFT RIGHT

BOTTOM OF FOOT
RIGHT LEFT

PLACE AN " X " ON THE DIAGRAM
TO SHOW WHERE YOU ARE HAVING
PROBLEMS



DESCRIBE YOUR FOOT
PROBLEM:

HOW DID THIS PROBLEM START? SUDDEN OR GRADUAL

WHEN DO YOU HAVE THIS TROUBLE? EVERYDAY OR OFF AND ON

HOW LONG HAS IT BEEN BOTHERING YOU? _____ DAYS _____ WEEKS _____ MONTHS _____ YEARS

EXAMPLE: 2 DAYS, 4 WEEKS, 6 MONTHS, 2 YEARS

WHAT TYPE OF PAIN ARE YOU EXPERIENCING? ACHY, THROBBING, SHARP, BURNING, NUMBNESS, SHOCKING, DULL, ELECTRIC

SEVERITY OF PAIN? MILD MODERATE SEVERE

DOES THIS PROBLEM AFFECT YOUR FUNCTION IN ANY WAY? (EXAMPLE: LIMPING, CAN'T WEAR SHOES, WAKES YOU UP AT NIGHT)

WHAT HAVE YOU DONE TO TREAT THIS PROBLEM? _____

SHOE SIZE _____ CURRENT WEIGHT _____ HEIGHT _____

EMPLOYMENT () SIT DOWN JOB () STAND AT JOB () STAND & WALK AT JOB () RETIRED

REVIEWED BY: _____

PATIENT: _____ DATE: _____

Circle all that apply: (Provide Dr. name treating conditions in bold)

Past Medical History: measles, mumps, chicken pox, rheumatic fever, scarlet fever, polio, **diabetes mellitus, hypertension, heart, lung, liver, kidney**, gallbladder disease, high cholesterol, bleeding tendencies, anemia, blood clots (DVT, PE), seizure disorders, sickle cell disease or trait, keloid formation, phlebitis, thyroid disorders, HIV, Hepatitis C, cirrhosis, depression

Drug allergies and effects: _____

Are you sensitive to :

Tape _____ Betadine(Iodine) _____ Latex: _____

List medications: _____

List past Surgeries and Dates: _____

List any Hospitalizations other than surgery date: _____

List any Complications with Anesthesia or reactions: _____

Social history:

Do you Smoke? Yes # Packs per day? _____ No

Previously Smoked? Yes # Years? When Quit? _____ No

Do you Drink Alcohol/Beer Yes No

() Light use 1-2 per week () Moderate 1-2 per day () Heavy more than 2 day

Any recreation or IV drug use? _____

Family History: Diabetes Melitus, heart disease, hypertension, cancer, stroke, bleeding disorder, neurological disorder, sickle cell disease or trait, hepatitis, anesthesia reactions, circulation problem in legs/feet, bunions, hammertoes, flatfeet: _____

Circle and answer please:

Mother: Living Age: _____ Deceased – cause of death _____

Father: Living Age: _____ Deceased – cause of death _____

Brother: Living Age: _____ Deceased – cause of death _____

Sister: Living Age: _____ Deceased – cause of death _____

Circle all that apply:

Review of Systems:

Head: Chronic headaches, concussions, dizziness, loss of consciousness

Eyes: glasses, diplopia, blurred vision, blindness, glaucoma, cataracts

Ears: decreased or loss of hearing, tinnitus, chronic earaches, drainage or infections

Nose: chronic drainage, blockage, sinusitis

Throat: chronic tonsillitis, laryngitis, dysphagia, loss of speech, thyroid disorders

CardioVascular: heart attack, hypertension, rheumatic fever, chest pain, shortness of breath, fluttering, history of murmurs, valvular disease, anemia, difficult night breathing, leg cramps when walking, cold feet, arrhythmias, PVC's, stroke, blood clots, irregular heart beat

Respiratory: asthma, bronchitis, T.B., pleurisy, emphysema, pneumonia, trauma

G.I.: stomach or duodenal ulcer, chronic nausea, vomiting, diarrhea, constipation, weight gain or loss, jaundice, hepatitis, gallbladder disease or stones, blood in stool, hematemesis, colitis, ulcerative colitis, diverticulitis, polyps, appetite disorder, chron's disease, acid reflux

G.U.: chronic kidney or bladder infections, stones. Urinating frequently, rarely, blood in urine, pain with urination, V.D.

OB GYN: last menses _____ Dysmenorrheal, amenorrhea

M.O.: gout, rheumatoid arthritis, osteoarthritis, trauma, fractures, dislocations, lower back pains, herniated/bulging disc, numbness/tingling/burning in toes or feet.

Skin: recent hair loss to legs, color change, change in texture thin/shiney, blisters/rash, psoriasis

other _____

Name of Pharmacy or Drug store _____ Phone # _____

How did you hear about us?

