

LAST NAME

FIRST

M.I.

SEX M/F

AGE

DATE

History & Medical Information

1. Explain your foot/ankle problem [] Right [] Left

2. When did pain/discomfort begin (date): Describe pain/discomfort: [] Burning [] Numbness [] Sharp [] Other

3. What makes the pain/discomfort better:

4. Have you had a physical trauma? [] No [] Yes

5. Have you had an accident? [] No [] Yes

6. Occupation: Is your problem work related? [] Yes [] No

- 7. Past Medical History: [] Anemia, [] Gout, [] Thyroid Disorders, [] Osteoarthritis, [] Bleeding Disorders, [] Heart failure, [] Lung/Respiratory Disorders, [] Other Arthritis, [] Cancer, [] Hepatitis, [] Mitral Valve Prolapse, [] Rheumatic Fever, [] Diabetes, [] High Cholesterol, [] Nerve Disorders, [] Stroke, [] Epilepsy, [] HIV / AIDS, [] Neurological Disorders, [] kidney Disease, [] High Blood Pressure, [] Prostate Disorders, [] Other:

8. List all medications/herbs/vitamins: [] NONE

- 9. Allergies: (Describe reaction) [] NONE [] Penicillin [] Aspirin [] Anesthesia [] Shellfish [] Nickel / Metal [] X-ray/Contrast Dye [] Other [] Sulfa Drugs

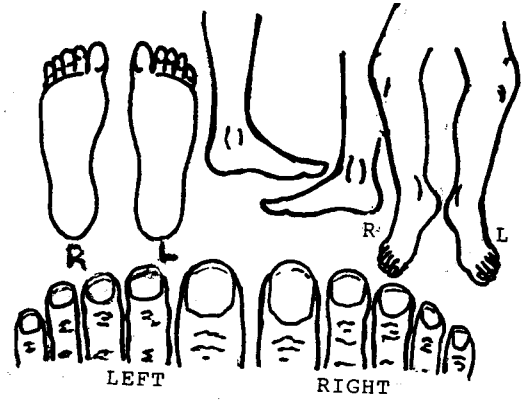
In Office Use only: Varic: Present Absent L R Edema 1+ 2+ 3+ 4+ Temp C W Nails: Hypertrophic Mycotic CPT: <2.5 sec. >2.5 sec. PT 1 2 3 4 LT 1 2 3 4 RT DP 1 2 3 4 LT 1 2 3 4 RT Hair: Present Sparse Absent

10. Are you currently pregnant? [] No [] Yes

Neuro: Protective Sensation

11. Surgical History: Have you had surgery? [] Yes [] No

If yes-describe below: Surgery / Date:



12. Social History: (Only check what is pertinent to you)

- [] Tobacco Use [] Alcohol Use [] Caffeine Use [] Drug use (recreational, IV) [] Exercise habits

13. Family History: (List relationship of family member(s) who have had these problems):

- [] Diabetes [] Heart Disease [] Kidney Disease [] Hypertension [] Stroke [] Mental Illness [] Rheumatology [] Bleeding Disorders [] Cancer [] Other family History:

14. Height: Weight: Shoe size:

15. Name of Family Physician Date last seen by this doctor