

Patient Name: _____ **Date:** _____

Age: _____ Referring Physician Name : _____

History & Medical Information

Right

1. Explain your foot/ankle problem Left _____

2. When did problem begin (date) _____

Symptoms: Swelling Bruising Burning Tingling Numbness

Pain: Dull Sharp Stabbing Radiating Deformity Other: _____

3. What makes your condition worse: _____

4. Previous treatments/results: _____

5. Is this due to physical trauma/accident? No Yes _____

6. Past Medical History: Gout Kidney Disease Osteoarthritis

Anemia Heart Failure Lung/Respiratory Disorders Other Arthritis

Bleeding Disorders Hepatitis Mitral Valve Prolapse Rheumatic Fever

Cancer _____ High Cholesterol Nerve Disorders Stroke

Diabetes HIV/ AIDS Neurological Disorder Thyroid Disorders

Epilepsy High Blood Pressure Prostate Disorders Other: _____

7. Current treating physicians: _____

8. Have you had any of the following childhood diseases:

Polio Rheumatic Fever Chicken Pox Measles Mumps Other _____

9. Have you previously been hospitalized? No Yes: for Surgery other (please describe) _____

10. Surgical History: Have you had surgery? No Yes- if yes, describe below

Surgery/ Date/ Surgeon: _____

11. Date of last anesthetic: _____ Abnormal Reactions: No Yes (explain) _____

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

Diabetes _____ Heart Disease _____ Kidney Disease _____

Hypertension _____ Stroke _____ Mental Illness _____

Rheumatology _____ Bleeding Disorders _____ Cancer _____

Other Family History: _____

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

Tobacco Use Cigarettes Alcohol Recreational Drug: _____

Contact Lenses Glasses Advanced Dentition (circle: dentures, partials, bridge work) Exercise

habits: _____

14. Allergies (Describe reactions) None

Penicillin _____ Aspirin _____ Narcotic Agent/ Codeine _____

Anesthesia _____ Shellfish _____ Sulfa Drugs _____

Nickel/ Metal _____ Radiographic Contrast Dye _____

Latex Allergy _____ Other _____

Age: _____ Weight: _____ Height: _____

Occupation: _____ Shoe Size: _____