Patient Name _____ DoB _____ M / F Date _____

Please indicate which foot problems you have had, and what you are experiencing now by checking yes or no.

Ankle Pain	☐Yes	☐No	Flat Feet	☐Yes	☐No	Ingrown Toenails	☐Yes	☐No
Athlete's Foot	☐Yes	☐No	Foot and Leg Cramps	☐Yes	☐No	Planter Warts	☐Yes	☐No
Bunions	☐Yes	☐No	Heel Pain	☐Yes	☐No	Tired Feet	☐Yes	☐No
Corns and Calluses	☐Yes	☐No	Cramps or Numbness in Feet or Legs	☐Yes	☐No	Swelling in Ankles or Feet	☐Yes	☐No

What brings you in today? _____

Current Pain Level: Left Foot / Right Foot Mild Moderate Severe

Have you ever been to a Podiatrist before?
☐Yes ☐No
If yes, please list:

_____

First Name _____
Last Name _____
Treatment _____

Height _____ Weight _____ Shoe Size _____

Athletic activities in which you participate

_____

_____

Your Occupation _____
Cigarette/Tobacco Use _____
Years Smoked _____
Alcohol Use/Frequency _____
Drug Usage/Frequency _____

Allergies – Reactions or Drug Side Effects:

____ None ____ Aspirin ____ Penicillin ____ Sulfa ____ Topical Meds ____ Local Anesthetic
____ Pain Medication ____ Cortisone ____ Tape ____ Latex ____ Iodine (Internal or External) ____ Other

PERSONAL FAMILY HISTORY

Please check the appropriate box

	Personal	Family
Diabetes	☐Yes ☐No	☐Yes ☐No
Hypertension	☐Yes ☐No	☐Yes ☐No
Heart Disease	☐Yes ☐No	☐Yes ☐No
Head Trauma	☐Yes ☐No	☐Yes ☐No
Asthma	☐Yes ☐No	☐Yes ☐No
Lung Disease	☐Yes ☐No	☐Yes ☐No
Liver Disease	☐Yes ☐No	☐Yes ☐No
Hepatitis	☐Yes ☐No	☐Yes ☐No
Ulcers or Stomach Problems	☐Yes ☐No	☐Yes ☐No
HIV	☐Yes ☐No	☐Yes ☐No
Herpes/STD	☐Yes ☐No	☐Yes ☐No
Depression/Anxiety	☐Yes ☐No	☐Yes ☐No
Rheumatoid Arthritis / Gout	☐Yes ☐No	☐Yes ☐No
Osteoarthritis	☐Yes ☐No	☐Yes ☐No
Fibromyalgia	☐Yes ☐No	☐Yes ☐No
Bleeding Problem	☐Yes ☐No	☐Yes ☐No
Neurological Problems	☐Yes ☐No	☐Yes ☐No
Skin Disorders	☐Yes ☐No	☐Yes ☐No
Cancer	☐Yes ☐No	☐Yes ☐No

Type: _____

Current Medication Drug/Dose

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Past Surgeries & Hospitalizations/Dates

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Any Other Pertinent Information: _____

_____

_____