MEDICAL HISTORY

Name________________________Age____Height_____Weight____Today's date______________
Shoe size_______
Which leg, foot or ankle is involved?: ☐Right ☐Left ☐Both
Please describe the problem:____

____
How long have you had this problem? _____days ____weeks _____ months _____years
Rate your pain on a scale of 1-10 (1 being minimal discomfort, 10 being severe) ___
Describe your pain: ☐dull ☐achy ☐sharp ☐throbbing ☐burning ☐numbness ☐tingling________
Is there any history of trauma or surgery to the area? (If yes, describe)________________________
What treatments have you or other doctors tried before coming here?__________________________
What, if anything, makes it better?____
What, if anything, makes it worse?____
Please add any additional information:____

____

____

Medical History Please list all medical conditions you have had (e.g. diabetes, high blood pressure, stroke, etc.):____

____

____

Past Surgical History Please list any surgeries you have had:________________________________

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____

Social History Marital status: ☐M ☐S ☐D ☐W ☐Separated # of children_________
Occupation:____# hours on feet each day _____
Do you smoke? ☐No ☐yes___packs per day for___years. I smoked for___years but quit__years ago.
How much alcohol do you drink? ☐Never ☐occasionally___drinks per day or ___drinks per week
How much coffee or tea do you drink (not including decaf)?___cups per day ☐None ☐occasionally
Do you use recreational drugs? ☐yes ☐no If yes, which ones________________________________

Family History List any medical problems that run in your family (example: mother-diabetes, brother-heart disease, grandfather-kidney failure)____

____
Does anyone else in your family or home share this same problem? __________________________

Medications Please list all medications you take and the dosage:_______________________________

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Allergies Please list all known **drug** allergies and the type of reaction:________________________

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Please list any food allergies: ☐ Eggs ☐ Milk ☐ Iodine ☐ Shellfish ☐ IV dye ☐ Latex ☐ Tape
☐Other____

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