

MEDICAL HISTORY

Date _____

NAME (please print - first, m.i., last) _____

FAMILY PHYSICIAN _____ CITY _____ Did your doctor refer you to this office? Yes No

MEDICAL CONDITIONS Currently being treated by family physician or specialist

MEDICATIONS (List attached _____)

Allergies: (Please circle) Penicillin Sulfa Codeine Adhesive Tape Local Anesthetics Latex Other allergies: _____ OR No Known Allergies

Past Surgeries: Year Type Complications? _____

Foot Surgeries: _____

Prior Foot Problems Treated: _____

Recent hospitalizations: _____ for _____

Tobacco use: Never Prior Occasional Regular Recreational drugs: Never Prior Current Alcohol use: Never Prior Rarely Occasional (social) Regular(daily) Excess Recovering

OCCUPATION _____

SIGNIFICANT FAMILY MEDICAL HISTORY: Has a close blood family member had: Diabetes Heart Problems Kidney Disease Stroke High Blood Pressure Arthritis Foot problems (explain) _____

REVIEW OF SYSTEMS: (Please circle the medical conditions you've experienced)

- Musculoskeletal: Joint pain, Joint replacement, Back pain, Stiffness, Joint swelling, Muscular pain, Gait problems, Broken bones, Stress fractures, Degenerative arthritis, Rheumatoid arthritis, Gout, Lupus, Fibromyalgia, Muscular dystrophy
- Respiratory: Asthma, Lung/breathing problems, Tuberculosis, Pneumonia
- Neurologic: Headaches, Tingling, Burning, Weakness, Paralysis, Peripheral neuropathy, Multiple sclerosis, Epilepsy, Traumatic nerve injury, Seizures/convulsions, Polio
- Hematologic/Lymphatic: AIDS / HIV+, Immune system disorder, Anemia, Bruising/bleeding, Prone to infection, Cancer
- Gastrointestinal: Liver disease (hepatitis), Reflux disease, Stomach ulcers, Gallbladder problems
- Cardiovascular: Vascular surgery, Valve replacement, Phlebitis, Decreased circulation, High blood pressure, Varicose veins, Stroke, High cholesterol, Heart attack, Rheumatic fever, Heart disease, Chest pain/palpitations, Cramps in legs, Edema (swelling feet, legs), Cold feet
- Skin: Psoriasis, Ulcers, Scar problems
- Endocrine: Thyroid problems, Diabetes, Insulin / oral / diet When?, Bladder problems, Excessive thirst, Heat-cold intolerant, Heavy sweats/lack sweating, Kidney disease
- Psychiatric: Alcoholism, Drug addiction, Eating disorder, Depression, Anxiety, Nervous disorders, Alzheimers, Dementia
- HEENT: Glaucoma, Cataracts, Vision problems, Blindness, Migraines, Hearing problems

Other medical information we should know: _____