Medical History

Name_____ **Date**_____/_____/_____ **Phone** (_____)_____-_____

Street_____ **City**_____ **Zip Code**_____

Height_____ **Weight**_____ **Shoe Size**_____ **Pharmacy** (name & address)_____

Primary Doctor_____ **Phone**_____ **Date of Last Exam**_____

What problem(s)are you having with your foot/ankle?_____

Current Medications (include dosage & frequency)_____

_____ _____ (please continue on back if needed)

List Relationship to you (parents, siblings)who have had: **Diabetes**_____ **Cancer**_____ **Stroke**_____

Arthritis_____ **Heart Disease/Attacks**_____ **High Blood Pressure**_____

Pregnant Yes / No **Alcohol Consumption** (please circle) None Rare Occasional Daily

Tobacco Use (please circle) Former Current None # of Packs per day _____ # of years _____

List Exercise or Athletic Activities_____

Waking Hours on Your Feet (please circle) 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Do you have: (please circle) Artificial Joints Replacement Heart Valves Other Implant_____

Prior Surgeries and Date(s)_____

_____

Do you now, or have you ever been treated for or diagnosed with any of the following? (please check if yes)

____ Stroke	____ Cancer	____ High Blood Pressure	____NONE
____ Phlebitis	____ Heart Attack	____Heart Condition	
____ Diabetes	____ Anemia	____ Poor Circulation	
____ Hepatitis	____ Arthritis	____ Tuberculosis	
____ Gout	____ HIV/AIDS	____Nerve Disorder	
____ Asthma	____ Glaucoma	____ Keloid/Thick Scar	
____ Migraines	____ Kidney Disease	____ Epilepsy/Seizures	
____ Lung Disease	____ Liver Disease	____ Thyroid Disorder	
____ Reflux	____ Spinal Problems	____ Stomach Ulcers	
____ Psychiatric Disorders	____ Osteoporosis	____ High Cholesterol	

Other_____

Do you have Allergies to any of the following (please circle) Sulfa/ Penicillin/ Codeine/ Adhesive Tape

Iodine/ Local Anesthetics/ Aspirin/ Latex Any Other Medications_____

No Known Allergies_____

If Diabetic Last A1C _____ Date_____

Most Recent Dilated Eye Exam Date _____ Location _____

Have you had a flu shot this year? If so: Date _____ Location _____