

MEDICAL HISTORY

Name: _____ Date: ____/____/____

Weight: _____ Height: _____ Shoe Size: _____ D.O.B. ____/____/____

Please state in your own words the reason for today's visit:

ALLERGIES:

Do you have a latex allergy? Y / N

Other Allergies:

PAST MEDICAL HISTORY: (Please check all that apply)

<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Stroke	<input type="checkbox"/> Thyroid (Hypo__Hyper__)	<input type="checkbox"/> Depression/Anxiety
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Cancer: _____	<input type="checkbox"/> Asthma	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> COPD/Emphysema	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Arthritis (RA__ DJD__)	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Hypercholesterolemia	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Other, please list _____			

MEDICATIONS: (Include dosage)

SURGICAL HISTORY: (List any surgeries or hospitalizations)

Problems with anesthesia ? Y/N

SOCIAL HISTORY:

Do you smoke? Y / N If yes, _____ packs per day? How long? _____

Do you drink alcohol? Y / N How much? _____

Do you use illicit drugs? Y / N

If yes, please describe: _____

Occupation: _____

FAMILY HISTORY: (Please mark all that apply)

Diabetes Heart Disease Hypertension Cancer Similar foot condition
 Other _____

REVIEW OF SYSTEMS:

Please check if you are **currently** or **recently** experienced any of the following:

Constitutional: Weight loss Weight gain Fever/Chills

Cardiac: Chest Pain Palpitations Swelling (Location _____)

Respiratory: Wheezing Cough Shortness of breath

GI: Constipation Diarrhea Heartburn Nausea/vomiting

GU: Frequency Burning with urination Cloudy or discolored urination

Muscle: Joint pains Muscle cramps Weakness Stiffness Back pains

Skin: Rash Unusual moles Itching Non healing sores

Neuro: Chronic headaches Seizures Numbness and/or tingling

Psych: Depression Anxiety

Lymph: Easy bruising Swollen glands/lymph nodes