

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: 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 _____
_____ 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 SYMPTOMS:

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
Type/date _____

Gastrointestinal

- Liver disease (hepatitis)
- Reflux disease
- Stomach ulcers
- Gallbladder problems

Skin

- Psoriasis
- Ulcers
- Scar 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

Endocrine

- Thyroid problems
- Diabetes
 Insulin oral diet
When? _____
- Bladder problems
- Excessive thirst
- Heat-cold intolerant
- Heavy sweat/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: _____