



**DEPARTMENT OF PODIATRIC MEDICINE AND SURGERY**

*We want to thank you for choosing to be seen in the Department of Podiatric Medicine. To better serve you, would you take time to fill out the following information? Thank you!*

**WHICH DOCTOR OR CLINIC IS REFERRING YOU:** \_\_\_\_\_

**Please describe your main problem today:** \_\_\_\_\_

Pain is:  Burning  Sharp  Throbbing  Dull  Aching

Pain severity: 1 2 3 4 5 6 7 8 9 10 (1=slight 10= most severe)

What makes the problem worse? \_\_\_\_\_

What makes the problem better? \_\_\_\_\_

If any injury, what caused the injury? Date \_\_\_\_\_

Have you had any previous treatment? \_\_\_\_\_

**Social History** Age \_\_\_\_\_ Height \_\_\_\_\_' \_\_\_\_\_" Weight \_\_\_\_\_ Shoe Size \_\_\_\_\_

Do you smoke?  No  Yes \_\_\_\_\_(pkg/day)

Occupation: \_\_\_\_\_

Marital status:  Single  Married  Widow Are you pregnant? \_\_\_\_\_

Do you use:  Alcohol  Coffee Other: \_\_\_\_\_

**Past Medical History:** Place an X in the blocks that apply to you.

Asthma  Diabetes  Heart Disease  Stroke  High blood pressure  IBS

Bleeding disorder  Arthritis  Sickle Cell Anemia  Hepatitis  Thyroid Disorder

High Cholesterol  Blood Clot  Fibromyalgia  Depression  Psoriasis

Other: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Past Surgical History:** (Type and date): \_\_\_\_\_

**Family Medical History:** Does any member of your immediate family have any of the following?

Diabetes  Stroke  Heart Disease  High Blood pressure  Bleeding disorder

Problem with anesthesia  Cancer Other: \_\_\_\_\_

**Review of Systems:** Place an X in the blocks that apply to you.

**Constitutional:**  Fever  Fatigue  Night sweats  Anxiety

**Nervous:**  Numbness  Headaches  Spine disease  Paralysis  Dizziness  Seizures

Confusion  Muscle Jerking  Weakness

**Cardiovascular:**  Chest pain  Rapid heartbeat  Varicose Veins  Feet swelling

Heart problems  Leg pain with walking  Shortness of breath

**Integumentary:**  Itching  Ulcerations  Moles  Discolorations  Skin rash

Skin cancer  Deformed nails Other: \_\_\_\_\_

**Musculoskeletal:**  Stiffness  Fractures  Sprains  Sciatica  Bunion

Hammertoes  Heel spur  Knee pain  Low back pain  Long leg

Shin splints  Corrective shoes as a child  Clubfoot

**Hematological:**  Anemia  Take Coumadin/Aspirin/Plavix

**Gastrointestinal:**  Nausea/vomiting  Constipation  Diarrhea  Heartburn

Stomach ulcers  Rectal bleeding  Abdominal pain  Change in bowel habits

**FOR PHYSICIAN USE ONLY:**

**PCP:** \_\_\_\_\_

**LAST VISIT:** \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_