Medical Information

Patient's Name: _____DOB:_____
What is the foot/ankle problem that brings you to our office? (Please indicate which foot and what part.)
_____

Medications/Supplements

1. _____taken for_____
2. _____taken for_____
3. _____taken for_____

For additional medications/supplements, please write them on the back of this sheet.

Family Physician/ Endocrinologist Name:_____
Phone:_____Fax:_____
Address:_____
Preferred Pharmacy Name:_____
Phone:_____Fax:_____
Address:_____

Do you currently have or have had any of the following? (please check) [ ] NONE

□ Anemia	□ Gout	□ Stomach problems
□ Artificial joints	□ Headaches/Migraines	□ Stroke
□ Arthritis	□ Heart Disease	□ Thyroid condition
□ Asthma	□ Hepatitis; Type:_____	□ Slow healing
□ Back pain or problems	□ High blood pressure	□ Tuberculosis
□ Bleeding problems	□ HIV/AIDS	□ Varicose veins
□ Blood clots/embolism	□ Kidney Disease	□ Other:_____
□ Cancer	□ Leg or foot ulcers	_____
□ Coronary Artery Disease	□ Osteoporosis	_____
□ Diabetes; Type:_____	□ Rheumatoid Arthritis	_____

Family history of medical illness: *Please indicate in the blank space what family member had this issue. Also indicate if the family member is on your maternal or paternal side.*
□ Hypertension_____ □ Diabetes_____ □ Cancer_____
□ Heart Disease_____ □ Arthritis_____□ Other:_____
Previous Surgeries/Hospitalizations:
Reason for admission:_____Date:_____
Reason for admission:_____Date:_____
Reason for admission:_____Date:_____

For additional surgeries/ hospitalizations, please write on the back of this sheet.

Allergies to medications [ ] I have no known allergies to medications
□ adhesive tape □ codeine □ iodine □ local anesthetics □ penicillin □ sulfa
□ Other medical allergies:_____
Reactions to forementioned medications:_____

Are you a tobacco smoker? □No □Yes: How much per day?_____ How many years?_____
□ Former smoker; Quit on:_____How much per day?_____
Do you vape? □ No □ Yes; How much?_____
Current alcohol consumption: □ NONE □ Occasional □ Moderate □ Heavy
Height:_____ Weight:_____ Shoe size:_____
Signature:_____Date:_____