

Family Medical History: (**Circle** those that apply and list the family member/relationship of those who have/had any of the following:

Foot Problems: (bunion/hammertoe/flat foot/etc.) _____

Cancer: _____ type?: _____ Arthritis: _____, type: RA / OA / ?

Diabetes: _____ Heart Disease: _____ Other: _____

Mental Illness: Depression / Anxiety / Bi-polar /Schizophrenia _____

List All Previous Surgical Procedures & Hospitalizations:
(If you do not remember exact dates, please estimate)

Surgical History	Date	Hospitalization History	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a Blood Transfusion: Y / N If so, When? _____

Have you ever been exposed to Hepatitis: Y / N If so, When? _____ Type: A / B / C And were you treated? Y / N

Have you or a family member ever had a reaction to general anesthesia? Y / N If so, what kind? _____

Allergies

Are you allergic to any of the following? : (**circle** those which apply and **describe** the reaction (i.e.: rash, breathing prob, etc.)

If not allergic to anything, please circle → **No Known Allergies**

Adhesive/Tape: _____	Anticoagulants: _____	Aspirin: _____
Codeine: _____	Demerol: _____	Iodine: _____
Local Anesthetics: _____	Penicillin: _____	Seafood: _____
Sulfa Drugs: _____	Foods: _____	Environmental: _____
Other: _____	Latex: _____	

Patient Name: _____ DOB: _____

Medication List: (Please list all medications including Rx/Herbs/Vitamins/Supplements)

Name of Medication	Dosage	Taken how often?	Prescribing Doctor	Taking for what condition?
EXAMPLE: ASPIRIN	325mg	Once daily	Dr. Heart	Poor Circulation

(Circle all of the following that pertain to your medical history and **add** the condition name/descriptions/ or any other helpful information in the spaces provided at the right)

Anemia : Iron Def. / Pernicious	Chemotherapy: Currently / In Past / Last dose:
Angina / Chest Pain	Chemical Dependency: Alcohol / Illegal drugs / Rx drugs
Ankle Pain / Ankle Sprains / Ankle Fracture	Cancer: Lung/Breast/Prostate/Colon/Skin/other:
Arthritis: Rheumatoid / Osteoarthritis / Psoriatic	Circulatory Problems: PVD / Atherosclerosis /
Artificial Heart Valves: Aortic / Mitral	Corns / Calluses
Artificial Joints: Knee / Hip / Foot	Diabetes: Type I / Type II / Gestational / on Insulin?
Asthma: currently / as a child / allergy related	Ear Problems: Infections / ↓ hearing
Athlete's Foot: on bottom of foot / in between toes	Eye Problems: Glasses /Contacts /Cataracts /Glaucoma / Mac Deg
Back or Neck Problems: DDD / Herniated disk / Fracture	Fainting: Y or N, from what?
Bleeding Disorders:	Flat Feet: Painful / Non-painful
Gout: _____ date of last attack:	Cysts: ganglion / muroid where?
Headaches: migraines / sinus / stress / cluster	Phlebitis
Heart Disease: CAD / MI(heart attack) / CHF / ischemic /enlarged	Plantar Warts
Heel Pain: in the past / current / as a child	Psychiatric Care: Anxiety / Depression / Bi-polar / Schizophrenia
Hemophilia: dominant gene / carrier gene	Radiation Treatment:
High Blood Pressure:	Rash / Skin Disorders / Psoriasis / Eczema / Rosacea
Ingrown Toenails : Big Toe / Smaller Toes	Rheumatic Fever:
Kidney Problems : Stones / ESRD / on Dialysis / ↓ function %	Seizure Disorders: Petit Mal /Grand Mal / Unexplained
Liver Disease: Hepatitis / Enlarged / Congenital	Sinus Problems:
Low Blood Pressure:	Special Diet: Low Salt / Diabetic / for weight loss
Lung Disease: COPD / Bronchitis / Tuberculosis / Pneumonia	Sports Related Injuries:
Stomach/Gastric Ulcers:	Blood Clots/DVT: _____ Pulm Embolism? Y / N
Stroke / TIA	Use a cane for assistance
Swelling in Ankles/Feet	Use a walker for assistance
Tired Feet / Tired Legs / Tired Arches	Non-ambulatory: Why?
Thyroid Disorder: Hypothyroid / Hyperthyroid / Goiter	Menopause
Varicose Veins	IBS / Chrons disease / Diverticulosis / Diverticulitis
Venereal Disease: syphilis / gonorrhea / herpes	Lupus: Systemic(SLE) / Discoid
Weight Loss: unexplained / intentional	Scleroderma / Sjogren's
High Cholesterol / High Triglycerides	Keloid scars
Open wounds of feet & legs	Reproductive Issues:
Complex Regional Pain Syndrome / RSD	
Fibromyalgia	
Chronic Fatigue Syndrome	
Restless Leg Syndrome	

Anything else you want your doctor to know: _____

Patient Name: _____ DOB: _____