INDY PODIATRY
we love your feet

For office use: B/P _____ Pulse _____ Resp. _____ Temp_____

HISTORY & MEDICAL INFORMATION

Patient Name:_____ **Today's date:**_____

1. Explain your foot/ankle problem: ☐ Left ☐ Right _____

2. When did pain/discomfort begin (date): _____
Describe pain/discomfort: ☐ Burning ☐ Numbness ☐ Sharp ☐ Other _____

3. What makes the pain/discomfort better: _____

4. Have you had a physical trauma or an accident? ☐ No ☐ Yes _____

5. Occupation:_____ Is your problem work related? ☐ Yes ☐ No

6. Past Medical History:

- ☐ Anemia
- ☐ Bleeding Disorders
- ☐ Cancer_____
- ☐ Diabetes (A1C_____)
- ☐ Epilepsy
- ☐ Gout
- ☐ Heart failure
- ☐ Hepatitis
- ☐ High Cholesterol
- ☐ High Blood Pressure
- ☐ HIV/AIDS
- ☐ Thyroid Disorders
- ☐ Lung/Respiratory Disorders
- ☐ Mitral Valve Prolapse
- ☐ Nerve Disorders
- ☐ Neurological Disorders
- ☐ Prostate Disorders
- ☐ Osteoarthritis
- ☐ Other Arthritis
- ☐ Stroke
- ☐ Kidney Disease
- ☐ Other_____

7. List all medications/herbs/vitamins with dosage and strength: None ☐

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

8. Allergies (Describe Reaction):

- ☐ Penicillin_____
- ☐ Anesthesia_____
- ☐ Nickel/Metal_____
- ☐ No Known Drug Allergies
- ☐ Shellfish _____
- ☐ Aspirin_____
- ☐ Radiographic Contrast Dye_____
- ☐ Narcotic Agent/Codeine_____
- ☐ Sulfa Drugs_____
- ☐ Cephalosporins_____
- ☐ Other _____

9. Are you currently pregnant? ☐ Yes ☐ No

10. Surgical History: Have you had surgery? ☐ No ☐ Yes-if yes, list below

Surgeries and Dates:_____
_____

11: Social History: (Only check what is pertinent to you)

- ☐ Tobacco Use
- ☐ Alcohol Use
- ☐ Exercise Habits_____
- ☐ Caffeine Use
- ☐ Drug Use (recreational, IV)

12. Family History: (List relationship of family member(s) who have had these problems):

- ☐ Diabetes_____
- ☐ Hypertension_____
- ☐ Rheumatology_____
- ☐ Heart Disease_____
- ☐ Stroke_____
- ☐ Bleeding Disorders_____
- ☐ Kidney Disease_____
- ☐ Mental Illness_____
- ☐ Cancer_____
- ☐ Other _____

13. Height: _____ Weight: _____ Shoe Size: _____