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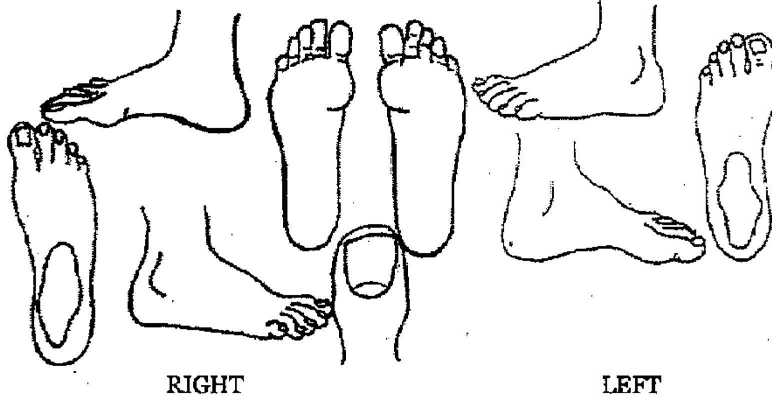
Board Certified, American Board of Podiatric Surgery | *Fellow American College of Foot and Ankle Surgery*

PATIENT HISTORY FORM

Name: ___________________________________ Date: _________________

Please fill out the following confidential form for our records. Please indicate where you feel pain on the foot and ankle diagram below.



Age: _____ Race: ___________________ Gender: __________ Height: _____ Weight: _______ Shoe Size: __________

Current foot or ankle problem: ____

Nature: Sharp, Dull Achy, Burning; Numbness, Tingling, Other: ____

Location (Where Is The Pain): ____

How Painful: __0-No Pain __ 1-2-Mild Pain __3-4-Moderate __5-6-Severe __7- 8-Very Severe __9-10-Worst Possible Pain

Duration (How Long Have You had The Problem): ____

Onset (What Happened? New Activities, New Shoes, New Job, Accident, etc) ______________________ Date: ___________

Course (Intermittent, Constant, Progressive):___________________________ Worse In: __AM __ PM

Aggravates (What Makes The Pain Worse? Standing, Sitting, Not Wearing Shoes, Walking, Climbing, Etc):

____

Treatment (What Has Been Done and Did It Help?):

____

MEDICAL HISTORY: Do you have any of the following medical conditions:

☐ AIDS/HIV	☐ Cancer	☐ Heart Disease	☐ Rheumatic fever
☐ Allergy to anesthetics	☐ Chest Pain	☐ Hemophilia	☐ Shortness of breath
☐ Allergies to medicines	☐ Chronic Diarrhea	☐ Hepatitis/Jaundice	☐ Sinus problems
☐ Or drugs	☐ Circulatory Problems	☐ High blood pressure	☐ Special diet
☐ Anemia	☐ Diabetes	☐ Infections	☐ Stroke
☐ Angina	☐ Ear problems	☐ Kidney disease	☐ Swelling in ankles/feet
☐ Arthritis	☐ Epilepsy	☐ Liver disease	☐ Swollen neck glands
☐ Artificial heart valve	☐ Eye Problems	☐ Nervous problems	☐ Tired feet
☐ Or joints	☐ Fainting	☐ Phlebitis	☐ Tuberculosis
☐ Asthma	☐ Foot or leg cramps	☐ Psychiatric care	☐ Tumor/Lesions
☐ Back Problems	☐ Foot pain	☐ Radiation therapy	☐ Ulcers
☐ Bleeding disorder	☐ Gout	☐ Rash	☐ Varicose Veins
☐ Blood transfusions	☐ Headaches	☐ Respiratory disease	☐ Venereal disease

List any other medical problems not listed above: ____

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Reviewed by Robert W. Sullivan DPM