

# PATIENT HISTORY

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Shoe Size \_\_\_\_\_  
 Date of last physical examination \_\_\_\_\_ Name of physician \_\_\_\_\_  
 Briefly describe your foot problem. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## General Health

Yes No Are you currently taking any of medications? [if yes, circle or fill in]  
 Insulin or other diabetic pills Tranquilizers Aspirin  
 Anticoagulants (blood thinners) Cortisone Nitroglycerin  
 High blood pressure medicine Antihistamines Heart medicine  
 Water pills (diuretics) Antibiotics Antacids  
 Other [please be specific] \_\_\_\_\_  
 Yes No Have you ever been hospitalized? [if yes, explain] \_\_\_\_\_  
 Yes No Have you ever had surgery (including dental)? [if yes, explain] \_\_\_\_\_  
 Yes No Do you have diabetes? Date & level of last blood sugar \_\_\_\_\_  
 Yes No Diabetes in family? \_\_\_\_\_  
 Yes No Do you get frequent leg cramps or numbness in you feet / toes? [Explain] \_\_\_\_\_  
 Yes No Do you smoke? How much / how long? \_\_\_\_\_  
 Yes No Do you consume alcoholic beverages? How much? \_\_\_\_\_  
 Yes No If a woman, are you, to your knowledge, pregnant? \_\_\_\_\_

## Allergies: Are you allergic or sensitive to any of the following? [if so, please explain reaction]

Yes No Penicillin  
 Yes No Other antibiotics  
 Yes No Novacaine or other local anesthetics  
 Yes No Codeine  
 Yes No Aspirin  
 Yes No Iodine  
 Yes No Foods  
 Yes No Adhesive tapes  
 Yes No Tranquilizers or sleeping pills  
 Yes No Other

## Have you or a family member ever had any of following conditions? [Check where appropriate & please explain]

PATIENT	FAMILY	CONDITION	EXPLAIN
		Heart trouble	
		High blood pressure	
		Kidney problems	
		Asthma	
		Lung problems (emphysema, bronchitis, etc)	
		Liver disease (jaundice, hepatitis, etc)	
		Stomach / Bowel problems	
		Circulation problems	
		Varicose veins	
		Epilepsy / Seizure disorder	
		Arthritis (rheumatoid, gout, etc.)	
		Cancer	
		Rheumatic fever	
		Abnormal bleeding problems	
		Anemia	
		Venereal disease	
		Sinus condition	
		Other medical conditions	