				F BIRTH:	
Describe your foot problem:	BRIEF MEDIC	CAL HISTORY			
ACCIDENT/INJURY RELATED? YE	ES 🗆 NO 🔾 IF YES, IS IT WORK REL	ATED? VES□ NO□	DATE OF	NIHIDV9	
PAST MEDICAL HISTORY Do you have a history of any of the following?		ATED: TES CINOC		ARE YOU PREGNANT? Yes \(\Boxed{\text{No}}\) No \(\Boxed{\text{No}}\)	
☐ Alzheimer's	☐ Headache	☐ Kidney Disease ☐ Dialysis		Psychiatric Disorder	
☐ Anemia	☐ Hearing Disorder	☐ Liver Disease		☐ Sciatica	
☐ Arthritis	☐ Heart Attack	☐ Lung Disease	□ COPD	☐ Sleep Apnea	
☐ Asthma	☐ Heart Condition	□ MRSA		Stroke	
☐ Cancer Type:	☐ Hepatitis	☐ Nerve Disorder		☐ Thyroid Problem	
☐ Diabetes	☐ High Blood Pressure	☐ Osteoporosis		☐ Tuberculosis	
☐ Epilepsy	□ HIV	☐ Phlebitis ☐ DVT		☐ Vascular Disease	
□ Gout	☐ Keloid/Thick Scar	☐ Poor Circulation			
PLEASE LIST ALL MEDICATION	NOW BEING TAKEN NONE	Dose		ALLERGIES	
			□ NSAII		
			☐ Penici		
			☐ Novoc	8-	
			☐ Codei		
			□ Iodine		
			Latex	□ NONE	
		□ Other		UNONE	
PREVIOUS SURGERIES	EVIOUS SURGERIES NONE VEAR			n/Hospital	
FAMILY HISTORY Please in	ndicate: F=Father M=Mother S=Sibling	SOCIAL HISTORY			
FAMILY HISTORY Please in   Diabetes	ndicate: F=Father M=Mother S=Sibling  □ Foot Problems	SOCIAL HISTORY Occupation:			
	The second secon		ngle □ Marr	ried 🗖 Divorced 📮 Widowed	
☐ Diabetes	☐ Foot Problems	Occupation: Marital Status:   Si		ried    Divorced    Widowed	
☐ Diabetes ☐ Arthritis	☐ Foot Problems ☐ Heart Attack	Occupation:  Marital Status: □ Si  Tobacco □ No	☐ Yes Ar		
☐ Diabetes ☐ Arthritis ☐ Stroke ☐ Cancer	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure	Occupation:  Marital Status: ☐ Si  Tobacco ☐ No  Alcohol ☐ No	☐ Yes Ar	nount:	
☐ Diabetes ☐ Arthritis ☐ Stroke ☐ Cancer	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects	Occupation:  Marital Status: ☐ Si  Tobacco ☐ No  Alcohol ☐ No	☐ Yes Ar	nount:	
☐ Diabetes ☐ Arthritis ☐ Stroke ☐ Cancer REVIEW OF SYSTEMS Please	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects check if you have any of the following	Occupation:  Marital Status: Si Tobacco No Alcohol No	☐ Yes Ar	nount: nount:	
☐ Diabetes ☐ Arthritis ☐ Stroke ☐ Cancer REVIEW OF SYSTEMS Please GENERAL	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects Check if you have any of the following RESPIRATORY	Occupation:  Marital Status:  Si Tobacco Alcohol  MUSCULOSKELETAL Pain	☐ Yes Ar	nount: nount: PSYCHIATRIC	
☐ Diabetes ☐ Arthritis ☐ Stroke ☐ Cancer  REVIEW OF SYSTEMS Please GENERAL ☐ Fever	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects Check if you have any of the following RESPIRATORY ☐ Cough	Occupation:  Marital Status:  Si Tobacco Alcohol No  MUSCULOSKELETAL Pain Muscles	☐ Yes Ar ☐ Yes Ar	PSYCHIATRIC  Depression	
☐ Diabetes ☐ Arthritis ☐ Stroke ☐ Cancer  REVIEW OF SYSTEMS Please GENERAL ☐ Fever ☐ Chills	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects Check if you have any of the following RESPIRATORY ☐ Cough ☐ Difficulty Breathing	Occupation:  Marital Status:  Si Tobacco Alcohol No  MUSCULOSKELETAL Pain Muscles	Yes Ar Yes Ar Yes Ar Neck Hips	PSYCHIATRIC  Depression  Anxiety	
☐ Diabetes ☐ Arthritis ☐ Stroke ☐ Cancer  REVIEW OF SYSTEMS Please GENERAL ☐ Fever ☐ Chills ☐ Fatigue ☐ Weight Loss ☐ Weight Gain	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects check if you have any of the following RESPIRATORY ☐ Cough ☐ Difficulty Breathing CARDIOVASCULAR	Occupation:  Marital Status:  Si Tobacco Alcohol  MUSCULOSKELETAL  Pain  Muscles  Back	Yes Ar Yes Ar  Yes Ar  Neck Hips Kles □ Feet	PSYCHIATRIC Depression Anxiety ENDOCRINE	
☐ Diabetes ☐ Arthritis ☐ Stroke ☐ Cancer  REVIEW OF SYSTEMS Please GENERAL ☐ Fever ☐ Chills ☐ Fatigue ☐ Weight Loss ☐ Weight Gain ☐ Loss of Appetite	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects Check if you have any of the following RESPIRATORY ☐ Cough ☐ Difficulty Breathing CARDIOVASCULAR ☐ Shortness of Breath ☐ Chest Pain (Angina) ☐ Abnormal Heart Beat	Occupation:  Marital Status:  Si Tobacco  Alcohol  MUSCULOSKELETA  Pain  Muscles  Back  Knees  And  Limited Range Of	Yes Ar Yes Ar  Yes Ar  Neck Hips Kles □ Feet	PSYCHIATRIC Depression Anxiety ENDOCRINE Night Sweats Frequent Urination Frequent Thirst	
☐ Diabetes ☐ Arthritis ☐ Stroke ☐ Cancer  REVIEW OF SYSTEMS Please GENERAL ☐ Fever ☐ Chills ☐ Fatigue ☐ Weight Loss ☐ Weight Gain ☐ Loss of Appetite SKIN	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects Check if you have any of the following RESPIRATORY ☐ Cough ☐ Difficulty Breathing CARDIOVASCULAR ☐ Shortness of Breath ☐ Chest Pain (Angina) ☐ Abnormal Heart Beat ☐ Cold Extremities	Occupation:  Marital Status:  Si Tobacco  No Alcohol  No  MUSCULOSKELETA  Pain  Muscles  Back  Knees And  Limited Range O  Limited Strength  Leg Cramps	Yes Ar Yes Ar  Yes Ar  Neck Hips Kles □ Feet	PSYCHIATRIC Depression Anxiety ENDOCRINE Night Sweats Frequent Urination Frequent Thirst	
□ Diabetes □ Arthritis □ Stroke □ Cancer  REVIEW OF SYSTEMS Please GENERAL □ Fever □ Chills □ Fatigue □ Weight Loss □ Weight Gain □ Loss of Appetite  SKIN □ Rash	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects Check if you have any of the following RESPIRATORY ☐ Cough ☐ Difficulty Breathing CARDIOVASCULAR ☐ Shortness of Breath ☐ Chest Pain (Angina) ☐ Abnormal Heart Beat ☐ Cold Extremities ☐ Poor Circulation	Occupation:  Marital Status:  Si Tobacco  Alcohol  No  Si  MUSCULOSKELETA  Pain  Muscles  Back  Knees  And  Limited Range O  Limited Strength  Leg Cramps  NEUROLOGICAL	Yes Ar Yes Ar  Yes Ar  Neck Hips Kles □ Feet	PSYCHIATRIC Depression Anxiety ENDOCRINE Night Sweats Frequent Urination Frequent Thirst Heat Cold (Intolerance HEMATOLOGICAL	
□ Diabetes □ Arthritis □ Stroke □ Cancer  REVIEW OF SYSTEMS Please GENERAL □ Fever □ Chills □ Fatigue □ Weight Loss □ Weight Gain □ Loss of Appetite  SKIN □ Rash □ Itching	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects Check if you have any of the following RESPIRATORY ☐ Cough ☐ Difficulty Breathing CARDIOVASCULAR ☐ Shortness of Breath ☐ Chest Pain (Angina) ☐ Abnormal Heart Beat ☐ Cold Extremities ☐ Poor Circulation GASTROINTESTINAL	Occupation:  Marital Status:  Si Tobacco  Alcohol  No  Si  Musculoskeletal  Pain  Muscles  Back  Knees  Anl  Limited Range O  Limited Strength  Leg Cramps  NEUROLOGICAL  Headache	Yes Ar Yes Ar  Yes Ar  Neck Hips Kles Feet  Motion	PSYCHIATRIC Depression Anxiety ENDOCRINE Night Sweats Frequent Urination Frequent Thirst Heat Cold (Intolerance HEMATOLOGICAL Blood Thinners	
□ Diabetes □ Arthritis □ Stroke □ Cancer  REVIEW OF SYSTEMS Please GENERAL □ Fever □ Chills □ Fatigue □ Weight Loss □ Weight Gain □ Loss of Appetite  SKIN □ Rash □ Itching □ Dry Skin	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects Check if you have any of the following RESPIRATORY ☐ Cough ☐ Difficulty Breathing CARDIOVASCULAR ☐ Shortness of Breath ☐ Chest Pain (Angina) ☐ Abnormal Heart Beat ☐ Cold Extremities ☐ Poor Circulation GASTROINTESTINAL ☐ Diarrhea	Occupation:  Marital Status:  Si Tobacco  No Alcohol  No  MUSCULOSKELETA  Pain  Muscles  Back  Knees  And  Limited Range O  Limited Strength  Leg Cramps  NEUROLOGICAL  Headache  Dizziness	Yes Ar Yes Ar  Yes Ar  Neck Hips Kles □ Feet	PSYCHIATRIC Depression Anxiety ENDOCRINE Night Sweats Frequent Urination Frequent Thirst Heat Cold (Intolerance HEMATOLOGICAL Blood Thinners Easy Bruising	
□ Diabetes □ Arthritis □ Stroke □ Cancer  REVIEW OF SYSTEMS Please GENERAL □ Fever □ Chills □ Fatigue □ Weight Loss □ Weight Gain □ Loss of Appetite  SKIN □ Rash □ Itching □ Dry Skin □ Toenail/Fingernail Changes	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects Check if you have any of the following RESPIRATORY ☐ Cough ☐ Difficulty Breathing CARDIOVASCULAR ☐ Shortness of Breath ☐ Chest Pain (Angina) ☐ Abnormal Heart Beat ☐ Cold Extremities ☐ Poor Circulation GASTROINTESTINAL ☐ Diarrhea ☐ Nausea ☐ Vomiting	Occupation:  Marital Status:  Si Tobacco  Alcohol  No  Si  MUSCULOSKELETA  Pain  Muscles  And  Limited Range O  Limited Strength  Leg Cramps  NEUROLOGICAL  Headache  Dizziness	Yes Ar Yes Ar  Yes Ar  Neck Hips Kles Feet  Motion	PSYCHIATRIC Depression Anxiety ENDOCRINE Night Sweats Frequent Urination Frequent Thirst Heat Cold (Intolerance HEMATOLOGICAL Blood Thinners Easy Bruising Blood Abnormalities	
□ Diabetes □ Arthritis □ Stroke □ Cancer  REVIEW OF SYSTEMS Please GENERAL □ Fever □ Chills □ Fatigue □ Weight Loss □ Weight Gain □ Loss of Appetite SKIN □ Rash □ Itching □ Dry Skin	☐ Foot Problems ☐ Heart Attack ☐ High Blood Pressure ☐ Birth Defects Check if you have any of the following RESPIRATORY ☐ Cough ☐ Difficulty Breathing CARDIOVASCULAR ☐ Shortness of Breath ☐ Chest Pain (Angina) ☐ Abnormal Heart Beat ☐ Cold Extremities ☐ Poor Circulation GASTROINTESTINAL ☐ Diarrhea	Occupation:  Marital Status:  Si Tobacco  No Alcohol  No  MUSCULOSKELETA  Pain  Muscles  Back  Knees  And  Limited Range O  Limited Strength  Leg Cramps  NEUROLOGICAL  Headache  Dizziness	Yes Ar Yes Ar  Yes Ar  Neck Hips Kles Feet  Motion	PSYCHIATRIC Depression Anxiety ENDOCRINE Night Sweats Frequent Urination Frequent Thirst Heat Cold (Intolerance HEMATOLOGICAL Blood Thinners Easy Bruising	