

Name: _____ Age: _____

Gender: Male/Female Height: _____ Weight: _____ Shoe Size: _____

Women only: Is there any chance you could be pregnant? _____

Occupation: _____ At your job you mostly: ___ Sit ___ Stand ___ Walk

What is the reason for your visit today? _____

What type of shoes do you typically wear? _____

How long has it been a problem (days, weeks, months, years)? _____

Is it getting better, staying the same, or is it worse? _____

How did it start, did you have an injury or any other inciting event/trauma? _____

Work related accident? _____ If so, date of accident? _____

What makes it better? _____ What makes it worse? _____

Do you have difficulty on uneven stairs or surfaces? _____

What treatment have you or another doctor tried, if any? _____

What activities do you participate in (sports, gardening, etc.)? _____

What is your level of pain? No Moderate Worst
 Pain Pain Pain
 | | | | | | | | | |
 0 1 2 3 4 5 6 7 8 9 10

Past Medical History: Please circle if you have, or have ever had, any of the following:

- | | | |
|-----------------------------|------------------------------|-----------------------------------|
| High blood pressure | Hyperthyroid (high) | Cancer (type_____) |
| High cholesterol | Hypothyroid (low) | Anemia (type_____) |
| Heart attack/ MI /Stroke | Hormone gland problems | Bleeding problems |
| Heart disease | Hepatitis (type_____) | Retinopathy/Macular degeneration |
| Angina | Liver cirrhosis | Circulation problems |
| Heart failure | Liver jaundice | Blood clots in legs/lungs |
| Bypass surgery | Gallbladder disease | Arthritis (type_____) |
| Mitral Valve Prolapse | Kidney infection | Gout |
| Irregular Heart beat/Murmur | Kidney stones | Psoriasis |
| Seizures/Epilepsy | Kidney failure/insufficiency | Skin disorder |
| Nervous system disorder | Urinary/Bladder Infection | Immune disorder |
| Tuberculosis | Prostate disease | AIDS or HIV+ |
| Asthma / Bronchitis | Gynecological disorders | Stomach bleeds/Intestinal disease |
| Pneumonia | Hiatal hernia | Gastro-esophageal reflux |
| Emphysema | Anxiety | Depression |
| Psychiatric disorders | Problems with anesthesia | Diabetes (_____ years diagnosed) |

List any medical conditions not listed above: _____

Surgical History: Please list ALL surgeries and recent hospitalizations you have had & what year:
