Elite Foot & Ankle

PATIENT MEDICAL HISTORY FORM

Patient Name: _____Age: _____ Height: _____ Weight: _____ Shoe Size _____

Current Foot or Ankle problem: _____

_____

When did the problem start? _____

What has been done to treat the problem? _____

Are you now or have you ever been under a physician's care in the past two years? _____

If yes, please explain: _____

_____

_____

Name of Family Physician: _____ Date last seen: _____

Name of Former Podiatrist/Foot & Ankle Specialist: _____ Date last seen: _____

What conditions were you treated for: _____

_____

MEDICAL HISTORY

- ☐ Diabetes Mellitus
- ☐ Gout
- ☐ Heart/Coronary Artery Disease
- ☐ Hypertension (High Blood Pressure)
- ☐ Stroke (CVA) or Heart Attack
- ☐ Stomach Ulcer / Reflux
- ☐ Hypercholesterol
- ☐ Liver Disease (ie. Hepatitis)
- ☐ Kidney (Renal) or Bladder diseases
- ☐ Bleeding Disorders
- ☐ Anemia (low Fe/sickle cell)
- ☐ Asthma / Bronchitis
- ☐ Neuropathy
- ☐ Accident / Injuries
- ☐ Immunological Diseases
- ☐ HIV+ / AIDS
- ☐ Cancer
- ☐ Epilepsy / Seizures
- ☐ Depression or Anxiety
- ☐ Vascular / Circulatory Disease
- ☐ Infectious Diseases
- ☐ Arthritis (OA/RA/Charcot/etc)
- ☐ Thyroid Disease
- ☐ Other

Please explain any positive responses above:

_____

_____

MEDICATIONS (please include dosage of each); Please use back if necessary or Provide attachment list

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

ALLERGIES. (Penicillin? Sulfa? Codeine? Local anesthesia? Injectable Dye? Tape? Foods? etc.); Symptom(s)??

1. _____ 3. _____ 5._____

2. _____ 4. _____ 6. _____

SURGERIES / HOSPITALIZATIONS (describe procedure, year, and any complications); Please use back if necessary

1. _____

2. _____

3. _____

4. _____

PREFERRED PHARMACY

Name:_____ **Phone #:**_____

Address:_____

SOCIAL HISTORY

Occupation: _____Tobacco: If yes, how much/long?_____

Alcohol: If yes, how much? _____Illicit drugs: If yes, what kind?_____

FAMILY HISTORY (diabetes, heart disease, gout, cancer, foot problems or other):

_____

_____

FEMALE: Pregnant? *Please Circle* NO YES How far along?_____

Name and Phone number of Ob/Gyn? _____

Whom may we thank for referring you to our office? _____

I do hereby give ELITE FOOT & ANKLE my permission and consent for the physician to diagnose and administer treatment for my foot and ankle condition(s) and to authorize any release of information obtained in the course of my treatment. I also understand that my physician may utilize a nurse or clinical staff to assist with my plan of care.

Patient / Guardian Signature: _____ **Date:** _____

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