# ANKLE AND FOOT INSTITUTE

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## PATIENT HISTORY & PHYSICAL

NAME: _____ DATE: _____

DATE OF BIRTH: _____

REFERRED BY: _____

FAMILY DOCTOR: _____ FAMILY DR. PHONE#: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____ SHOE SIZE: _____

OCCUPATION: _____

REASON FOR VISIT: _____

HOW LONG HAS PROBLEM BEEN THERE? _____

HAVE YOU RECEIVED ANY TREATMENT FOR THIS CONDITION? IF YES, PLEASE LIST NAME OF TREATING PHYSICIAN AND WHEN YOU WERE TREATED? _____

DO YOU HAVE ANY OTHER FOOT PROBLEMS? _____

### MEDICAL HISTORY (CIRCLE IF POSITIVE):

| | | |
|---|---|---|
| HYPERTENSION | DIABETES (IDDM OR NIDDM) | NEUROLOGIC |
| HEPATITIS | RENAL | ASTHMA |
| LEG CRAMPS | THYROID | SKIN |
| BLOOD DISORDERS | GI | VISION |
| WEIGHT CHANGE | CANCER | CATARACTS |
| TRAUMA | CARDIAC | GLAUCOMA |
| PSYCHOLOGICAL | LIVER DISEASE | RETINOPATHY |
| ARTHRITIS | STROKE/TIA | KELOID |
| GOUT | CHOLESTEROL | ANEMIA |
| DVT/PE | HIV/AIDS | TUBERCULOSIS |
| VASCULAR DISEASE | BACK PAIN | RHEUMATOID ARTHRITIS |

### FAMILY MEDICAL HISTORY (PLEASE LIST HEART CONDITIONS, DIABETES, ETC.):

MOTHER: _____ FATHER: _____

SIBLINGS: _____ GRANDPARENTS: _____

### SOCIAL HISTORY (PLEASE PROVIDE QUANTITY AND FREQUENCY):

TOBACCO: _____ ALCOHOL: _____ ILLICIT DRUGS: _____

### SURGICAL HISTORY (CIRCLE IF POSITIVE):

| | | |
|---|---|---|
| HYSTERECTOMY | APPENDECTOMY | GALLBLADDER SURGERY |
| TONSILLECTOMY | FOOT SURGERY OTHER: _____ | |

Hospitalizations (please list):

_____

_____

Obstetric (women only):

Gravida (pregnancies):_____ Para (births): _____

Are you currently pregnant? _____

Allergies/Bad reactions to medications (please list):

_____

Medications (please list):

_____

Do you take Coumadin or any other blood thinners? Yes/No

Do you take any herbal medications or diet medications? Yes/No

Examination (please do not write below this line):

| Vascular: | Right | Left |
|---|---|---|
| PT Pulse | P/NP | P/NP |
| DP Pulse | P/NP | P/NP |
| CFT | | |
| Edema | | |
| Varicosities | | |
| Dermatologic: | | |
| Skin | | |
| Nails | | |
| Digital Hair Growth | | |

Neurologic:

- Ankle Clonus
- Babinski's Sign
- DTR's: Patellar
  - Achilles
- Vibratory
- Sharp Pain

Musculoskeletal:

Radiologic:

Impressions: