

**PATIENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Suffix (Jr, Sr, III): \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Physician Phone#: \_\_\_\_\_

Preferred pharmacy name : \_\_\_\_\_ Pharmacy phone #: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

How did you find out about our practice? \_\_\_Physician \_\_\_Internet \_\_\_Friend \_\_\_Other

Whom can we specifically thank for your referral? \_\_\_\_\_

**VITALS**

How tall are you?: \_\_\_\_\_ What is your current weight? \_\_\_\_\_

On a scale of 0-10, 10 being the worst, what is your pain level today? \_\_\_\_\_/10

Smoking status: Never smoker \_\_\_ Former smoker \_\_\_ Current every day smoker \_\_\_ Current some day smoker \_\_\_

What size shoe do you wear?: \_\_\_\_\_

**MEDICAL HISTORY**

List all medical conditions you have:

List all prior surgeries:

**FAMILY HISTORY: Please list medical conditions if known. If deceased, please list age of death and cause.**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: \_\_\_\_\_

**SOCIAL HISTORY**

Marital Status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Do you use: Alcohol \_\_\_ Other Drugs \_\_\_ Frequency of use: \_\_\_\_\_









**MEDICATIONS & ALLERGIES**

List all medications you take and dosage:

List all allergies and your reaction:

# HISTORY OF PRESENT ILLNESS

Please mark where your discomfort is today:

Left Foot		Right Foot	
			
Top of Foot	Bottom of Foot	Bottom of Foot	Top of Foot
			
Inside of Foot	Outside of Foot	Outside of Foot	Inside of Foot

What symptoms are you experiencing?

swelling	redness	bruising/discoloration	drainage	limping/gait change
numbness/tingling	popping/clicking	instability/giving out	nausea/vomiting	fever/chills
other: _____				

How long ago did your symptoms start? Did they start gradually or suddenly? Any specific injury?

What have you noticed makes your symptoms worse?

What have you tried at home for this condition? Any formal treatments (medications, injections, therapy, surgery, etc.)?