

Foot And Ankle Specialists

Patient Name: _____ Date of Birth: _____ Today's Date: _____

MEDICATIONS

Medication	Dosage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEDICATIONS CONTINUED

Medication	Dosage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SOCIAL HISTORY

Occupation _____
 Tobacco Use/Vape (packs/Ampoule per day) _____
 Alcohol Use (Drinks per week) _____
 Recreational Drug use: _____

ALLERGIES

Please list allergies:

PAST MEDICAL HISTORY

- Diabetes Type 1 2 Duration ____ years
- Immunodeficiency/HIV
- Last blood Sugar _____ HbA1c _____
- Kidney Disease (Dialysis)
- Acid Reflex
- Liver disease (Hepatitis)
- Anxiety/Depression
- Mitral Valve Prolapse/Murmur
- Anemia
- Neuropathy
- Anesthesia complications
- Osteomyelitis/Bone infection
- Arthritis (Osteo / Rheum)
- Parkinson's Disease
- Arrhythmia/A-fib
- Peripheral Artery Disease
- Asthma
- Pneumonia
- Back Problems/ Sciatica
- Previous addiction to: _____
- Blood Clot/DVT/Pulmonary Embolism
- Rashes/Skin condition
- Cancer: _____
- Raynaud's
- Cellulitis/Skin infection (MRSA?)
- Seizure Disorder
- Colitis
- Sepsis
- Coronary Artery disease
- Sickle Cell Disease/Trait
- Dementia/Alzheimer's
- Sleep Apnea
- Fibromyalgia
- Stomach Ulcers
- Foot/Leg Ulcer
- Stroke/TIA
- Gout
- Thyroid condition (Hi Low)
- Heart Disease/Heart Attack
- Varicose Veins
- High Blood Pressure
- Other: _____
- High Cholesterol
- _____
- Irritable Bowel Syndrome
- _____

PAST SURGERIES

- Foot/Ankle Surgery: _____
- Joint replacement: _____
- Open Heart/Bypass surgery
- Hysterectomy Tubal ligation C-section
- Stent Placement: Heart Leg
- Cosmetic Surgery: _____
- Appendectomy Gallbladder
- Tonsillectomy/Adenoidectomy
- Leg Bypass Open Fracture Repair
- Hernia Repair Thyroid Back Surgery
- None Other: _____
- _____
- _____
- _____

FAMILY HISTORY

List **medical illnesses** affecting your immediate family. i.e. diabetes, heart disease, cancer, etc.

Father: _____ Living or Decease (circle one)

Mother: _____ Living or Decease (circle one)

Siblings: _____ Living or Decease (circle one)

Grand Parent: _____ Living or Decease (circle one)