Foot And Ankle Specialists

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

MEDICATIONS

Medication Dosage

_____

_____

_____

_____

_____

SOCIAL HISTORY

Occupation _____

□ Tobacco Use/Vape (packs/Ampoule per day) _____

□ Alcohol Use (Drinks per week)_____

□ Recreational Drug use: _____

PAST MEDICAL HISTORY

□ Diabetes Type 1 2 Duration ____ years

Last blood Sugar _____ HbA1c _____

□ Acid Reflux

□ Anxiety/Depression (circle one or both)

□ Anemia

□ Anesthesia complications

□ Arthritis (□ Osteo / □ Rheum)

□ Arrhythmia/A-fib

□ Asthma

□ Back Problems/ Sciatica (circle)

□ Blood Clot/DVT/Pulmonary Embolism

□ Cancer: _____

□ Cellulitis/Skin infection (□ MRSA?)

□ Colitis

□ Coronary Artery disease

□ Dementia/Alzheimer's

□ Fibromyalgia

□ Foot/Leg Ulcer

□ Gout

□ Heart Disease/Heart Attack (circle)

□ High Blood Pressure

□ High Cholesterol

□ Irritable Bowel Syndrome

□ Immunodeficiency/HIV

□ Kidney Disease (□ Dialysis)

□ Liver disease (Hepatitis)

□ Mitral Valve Prolapse/Murmur

□ Neuropathy

□ Osteomyelitis/Bone infection

□ Parkinson's Disease

□ Peripheral Artery Disease

□ Pneumonia

□ Previous addiction to: _____

□ Rashes/Skin condition (circle)

□ Raynaud's

□ Seizure Disorder

□ Sepsis

□ Sickle Cell Disease/Trait

□ Sleep Apnea

□ Stomach Ulcers

□ Stroke/TIA

□ Thyroid condition (□ Hi □ Low)

□ Varicose Veins

□ Other: _____

_____

_____

MEDICATIONS CONTINUED

Medication Dosage

_____

_____

_____

_____

_____

ALLERGIES

Please list allergies: □ None Known Drug Allergies

_____ _____

_____ _____

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 (circle one or both)

□ 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 Deceased (circle one)

Mother: _____ Living or Deceased (circle one)

Siblings: _____ Living or Deceased (circle one)

Grand Parent: _____ Living or Deceased (circle one)