

NEW ENGLAND PODIATRY

Patient Name: _____

Date: _____

MEDICAL INFORMATION

This information is important for our records and your health!!

Briefly describe your foot problem:

How long has it been bothering you? _____

Any past problems with your feet or ankles? Surgeries or Injuries? _____

Shoe size _____ Weight _____ Height _____

GENERAL HEALTH INFORMATION

Do you have diabetes? Yes _____ No _____ # of years? _____ Do you take Insulin? Yes _____ No _____

Do you have circulation problems? Describe: _____

Have you had any **major** or **minor** surgeries?

Describe: _____

Last visit to Primary Care Physician: _____ May we contact your physician about your health? _____

What medications do you take? _____

() Take Antibiotics prior to dental work ___yes ___no

ALLERGIES/SENSITIVITIES TO MEDICATIONS (circle problem items)

() NONE

Adhesive Tape Advil Aspirin Betadine Codeine Epinephrine Iodine Latex Local Anesthetics (Novocaine/Lidocaine)

Morphine Penicillin Sulfa Drugs Other: _____

MEDICAL HISTORY (Check any of the following that apply)

() NO MEDICAL PROBLEMS

() Anemia () Arthritis type _____ () Artificial Joints () Asthma () Bladder () Cancer _____

() Gout () Frequent Infections () Healing () Heart () Heart Valve Implant () High Blood Pressure () High Cholesterol

() Hormone () Intestine () Kidney () Liver () Lung () Neurologic Disorder () Reflux () Rheumatic Fever

() Skin () Stomach Ulcer () Tuberculosis () Weight Loss () Other _____

_____ DPM Date _____

Patient Name: _____

FAMILY HISTORY

- None
- Bleeding Disorder Bunions Cancer describe _____
- Circulation Problems Clubfeet Diabetes Flatfeet Hammertoes
- Heart Disease Neurologic Disorder Osteoarthritis Rheumatoid Arthritis Stroke

SOCIAL HISTORY

Do you smoke? ___yes ___no #packs per day_____ Previously smoked ___yes ___no # of years_____

Do you drink alcohol ___yes ___no light usage moderate usage heavy usage

Employment: sit at work stand at work walk at work retired disabled

Signature _____ Date _____

_____ DPM Date _____