PODIATRIC HISTORY

What is the reason you are here to be treated? (Please include foot, ankle, knee, thigh and hip complaints).____

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____

Are you Diabetic?_________ **For how long?**____

Have you ever been to a Podiatrist before? _____**yes** _____**no**

If yes, please list: Name______________________________ **Date of last visit**____________________

Your occupation:____

Ever smoked cigarettes or used other tobacco? ____**yes** _____**no** **Number of years smoked**_____

What athletic activities do you participate in? Please list with frequency_________________________

____

____

Please indicate which foot problems you now have or have had in the past:

____**Ankle Pain**
____**Athlete's Foot**
____**Bunion**
____**Corns and Calluses**
____**Cramps in feet or legs**
____**Flat Feet**
____**Heel Pain**
____**Ingrown Toenails**
____**Numbness in feet or legs**
____**Plantar Warts**
____**Swelling in feet or ankles**
____**Tired feet**

Primary physician name________________________________ **Last visit date**_____________________

Phone number___________________________________

Are you now or have you been under any other doctor's care for any reason over the past two years?

Name and reason____

____

What pharmacy do you use?____

Phone number:____