NORTHWEST FOOT AND ANKLE CENTER
MEDICAL HISTORY FORM

TODAY'S DATE:_____ NAME:_____
AGE:_____ SEX:_____ HEIGHT:_____ WEIGHT:_____
FAMILY PHYSICIAN:_____ PHONE#:_____
REFERRING PHYSICIAN:_____ PHONE#:_____

REFERRAL SOURCE: PLEASE TELL US HOW YOU CHOSE US TO PROVIDE YOUR CARE

- ☐ FRIEND OR FAMILY
- ☐ REFERRAL FROM ANOTHER DOCTOR
- ☐ YELLOW PAGES
- ☐ SIGN ON STREET OF BUILDING
- ☐ INSURANCE PROVIDER LIST
- ☐ **www.nwfootandankle.com**
- OTHER:_____

PODIATRIC MEDICAL INFORMATION:
DESCRIBE YOUR FOOT/ANKLE PROBLEM:_____

WHICH **FOOT** HURTS? ☐ RIGHT ☐ LEFT ☐ BOTH
WHICH **ANKLE** HURTS? ☐ RIGHT ☐ LEFT ☐ BOTH
HOW LONG HAS IT BEEN A PROBLEM?_____
RATE YOUR PAIN ON A SCALE FROM 0-10 (0=NO PAIN; 10=MOST SEVERE PAIN)_____
DOES YOUR PROBLEM AFFECT YOUR ACTIVITES OF DAILY LIVING IF YES HOW?_____

HAVE YOU HAD PREVIOUS TREATMENT FOR THE PROBLEM(S)?_____
HAVE YOU HAD **PAST** PROBLEMS WITH YOUR FOOT AND/OR ANKLE?_____
ARE YOU DIABETIC:_____

GENERAL MEDICAL: (CHECK IF YOU CURRENTLY HAVE OR HAVE HAD IN THE LAST YEAR)

- ☐ ACID REFLUX
- ☐ BLEED EASILY
- ☐ BRUISE EASILY
- ☐ CHILLS
- ☐ COUGH
- ☐ DEPRESSION
- ☐ EMOTIONAL PROBLEMS
- ☐ FEVER
- ☐ GOUT
- ☐ HEARTBURN
- ☐ HEART PROBLEMS
- ☐ JOINT PAIN
- ☐ LOW BACK PAIN
- ☐ NAUSEA
- ☐ NON HEALING SORES
- ☐ RASHES
- ☐ SCARRING TENDENCY
- ☐ SEIZURES
- ☐ SHORTNESS OF BREATH
- ☐ STOMACH ULCERS
- ☐ URINARY PROBLEMS
- ☐ VISION PROBLEMS
- ☐ VOMITING
- ☐ OTHER:_____

PLEASE ANSWER THE FOLLWING QUESTIONS: (IF ANSWER IS NONE PLEASE INDICATE)
LIST ANY ILLNESSES**:**_____
LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING**:**_____
LIST ANY DRUG ALLERGIES/(**IF NONE PLEASE WRITE NONE**)**:**_____
LIST ANY PREVIOUS SURGERIES AND DATES**:**_____
LIST FAMILY ILLNESSES**:**_____
OCCUPATION:_____

DO YOU**:**
CONSUME ALCOHOL? ☐ YES ☐ NO HOW MUCH:_____ HOW OFTEN:_____
USE TOBACCO? ☐ YES ☐ NO HOW MANY PACKS PER DAY:_____ HOW MANY YRS:_____
COMMENTS:_____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL NOT HOLD MY PHYSICIAN OR ANY MEMBERS OF HIS/HER STAFF RESPONSIBLE FOR ANY ERRORS OR OMISSIONS THAT I HAVE MADE IN THE COMPLETION OF THE FORM.

_____ _____
SIGNATURE **DATE**

_____ _____
REVIEWED BY **DATE**