

PODIATRY MEDICAL HISTORY



Mobility for *Living*

Black Hills Orthopedic & Spine Center, P.C.

Primary Care Physician: _____ Date Last Seen: _____

Today's Date: _____

Your Name: _____ **Date of Birth:** _____

Tell us about your family history:

Has any family member been diagnosed with a condition of any of the following?

If yes, please describe relationship and extent of condition :

Diabetes yes no _____

Heart yes no _____

Cancer yes no _____

Foot yes no _____

Tell us about yourself:

Do you have any allergies? yes no If yes, please describe _____

Do you use tobacco? yes no If yes, please describe extent and manner of use _____

Do you consume alcohol? yes no If yes, please describe quantity & frequency _____

What type of shoes do you wear for work? _____ for leisure activities? _____

What type of work do you do (or did in the past if you are retired)? _____

Have you had any recent changes in weight, appetite or sleep habits? yes no

If yes, please describe _____

Have you had any recent changes in vision, halos, eye redness or eye pain? yes no

If yes, please describe _____

Do you have any rashes, hives, sores or suspicious lesions? yes no

If yes, please describe _____

Do you have a history of chest pain, palpitations, dizziness, edema or claudication? yes no

If yes, please describe _____

Do you have a history of shortness of breath, persistent cough, asthma, hay fever, tuberculosis or pneumonia? yes no

If yes, please describe _____

Have you had any recent loss of consciousness, balance difficulty, trouble speaking, unilateral weakness or Cardiovascular Accident? yes no

If yes, please describe _____

Do you ever experience joint stiffness, muscle pain or swelling or have any deformities? yes no

If yes, please describe _____

Do you have a history of thyroid dysfunction, diabetes or other metabolic disorders? yes no

If yes, please describe _____

To be completed by your Physician

Symptoms:

Location: _____

Quality: _____

Severity: _____

Duration: _____

Timing: _____

Progression: _____