

Patient Name: _____

Date of Birth: _____

Podiatric History

What is the chief complaint for which you came to be treated? _____

When did it start? _____

What treatment have you tried? _____

Do you smoke? yes no If yes, how many packs a day? _____ How many years? _____

Shoe Size _____ Ht. _____ Wt _____

Place a check mark to the right of each item if you or a family member have had any of these conditions.

	Patient	Family Member		Patient	Family Member		Patient	Family
AIDS/HIV			Circulatory problems			High Cholesterol		
Anemia			Depression			Hypothyroidism		
Angina			Diabetes			Kidney problems		
Arthritis			Emphysema			Liver Disease		
Artificial heart Valve			Epilepsy			Phlebitis		
Artificial Joint			Eye Problems			Radiation therapy		
Asthma			Fainting			Respiratory Disease		
Back problems			Fibromyalgia			Rheumatoid arthritis		
Bleeding Disorder			Foot and leg Cramps			Shortness of breath		
Bronchial problems			Gout			Special diet		
Cancer			Heart disease			Stroke		
Chemical Dependency			Hemophilia			Swelling in ankles and feet		
Chest pain			Hepatitis or jaundice			Tuberculosis		
Chronic Pain Syndrome			High blood pressure			Ulcers		
Blood Clots/ DVT			MRSA			Varicose Veins		

Flu Vaccine: Date of last shot _____ Pneumonia Vaccine: Date of last shot _____

Additional past Medical History: _____

Surgeries (Include all): _____

Hospitalization other than surgeries: _____

Have you been under the care of any other doctor in the past 2 years yes no

If yes, please explain _____

ALLERGIES TO MEDICATIONS : Yes or No If yes please list _____

Pharmacy: _____ Pharmacy Address: _____

Medications (include prescription, over the counter & vitamins):

1.	5.		
2.	6.		
3.	7.		
4.	8.		

Consent

I certify that the above information is true to the best of my knowledge. I give my permission to the doctor to administer and perform such procedure as may be deemed necessary in the diagnosis and/or treatment of my feet and ankles.

Patient Signature _____ Date _____

Atlantic Foot & Ankle Associates

James Rust, DPM Andrew Green, DPM Dennis McBroom, DPM Sona Ramdath, DPM
Laura Walton, DPM Hilaree Milliron, DPM Zachery Barnett, DPM