

MEDICAL HISTORY

Reason For Visit: _____

1. Date When Symptoms/Accident Occurred: _____

2. Is The Symptom/Accident Related To (circle): AUTO SPORTS WORK OTHER

3. What Symptoms Are You Experiencing Now: _____

4. Have You Had Similar Symptoms Previously? (circle) NO YES Shoe Size: _____ Weight: _____

5. Have You Been Seen By Another Physician or Medical Facility For This Condition? (circle) NO YES If Yes:

A. Name of Physician/Podiatrist: _____

B. Circle Test(s) You Have Had To Evaluate This Problem:

BONE SCAN CAT SCAN EMG MRI ULTRASOUND X-RAY

6. Circle Any Treatment(s) You Have Had For This Problem:

CAST/BRACE CORTISONE SHOT EXERCISES MEDICATIONS ORTHOTICS
PHYSICAL THERAPY SURGERY OTHER

7. Are You Under The Care Of A Physician Now? (circle): NO YES If Yes, For What Reason: _____

8. Please List all Surgeries, Head to Toe?
Date: _____
Date: _____
Date: _____

9. Please List All Medications Which You Now Use Including All Over the Counter And Herbal Supplements: _____

10. Please List All Medications, Or Other Things, That Have Caused A Reaction: _____

11. Do You Have Any Artificial Joints? (circle): NO YES

12. Do You Have A Pacemaker? (circle): NO YES

13. Do You Have Any heart Valve Replacements? (circle): NO YES

14. Do you (circle): DRINK ALCOHOL SMOKE TOBACCO If Yes, How Much of Each? _____

15. Do You Experience Abnormal Bleeding with Surgery, Cuts, Extractions or Trauma? (circle) NO YES

16. Are You, or Is There Any Chance, You Are Pregnant? (circle) NO YES

Check If You Now Have, or Were Treated For, Any of the Following:

- ALLERGIES CHEST PAIN HIGH BLOOD PRESSURE REFLUX/ULCERS
ANEMIA DELAYED HEALING HIV POSITIVE RHEUMATIC FEVER
ARTHRITIS DIABETES KIDNEY DISEASE STROKE
ASTHMA EPILEPSY LIVER DISEASE TB
BLEEDING TENDENCY GLAUCOMA NERVOUS CONDITION THYROID DISEASE
BLOOD CLOTS GOUT POOR CIRCULATION VENEREAL DISEASE
BREATHING PROBLEMS HEART DISEASE
CANCER HEPATITIS OTHER: _____

Check If Any Blood Relatives Have Had Any of the Following:

- ARTHRITIS FOOT PROBLEMS HEART DISEASE STROKE
CANCER (type _____) SIMILAR TO YOURS HYPERTENSION TB
DIABETES GOUT KIDNEY DISEASE