

# FOOT HEALTH CENTER

Dr. Thomas H. Walter, DPM

## MEDICAL HISTORY - CONFIDENTIAL INFORMATION

<p><b>Lower Extremity Medical History</b></p> <p>What is the chief complaint which brings you to our office for treatment?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Medications:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>General Medical History:</b></p> <table border="0"> <thead> <tr> <th></th> <th>You</th> <th>Family Member</th> </tr> </thead> <tbody> <tr><td>Anemia</td><td>Y N</td><td>Y N</td></tr> <tr><td>Arthritis</td><td>Y N</td><td>Y N</td></tr> <tr><td>Artificial Heart/ Joints/Valves</td><td>Y N</td><td>Y N</td></tr> <tr><td>Asthma</td><td>Y N</td><td>Y N</td></tr> <tr><td>Back Problems</td><td>Y N</td><td>Y N</td></tr> <tr><td>Bleeding Disorder</td><td>Y N</td><td>Y N</td></tr> <tr><td>Cancer</td><td>Y N</td><td>Y N</td></tr> <tr><td>Chemical Dependency</td><td>Y N</td><td>Y N</td></tr> <tr><td>Chest Pain</td><td>Y N</td><td>Y N</td></tr> <tr><td>Circulatory Problems</td><td>Y N</td><td>Y N</td></tr> <tr><td>Diabetes</td><td>Y N</td><td>Y N</td></tr> <tr><td>Epilepsy</td><td>Y N</td><td>Y N</td></tr> <tr><td>Fibromyalgia</td><td>Y N</td><td>Y N</td></tr> <tr><td>Gout</td><td>Y N</td><td>Y N</td></tr> <tr><td>Heart Disease</td><td>Y N</td><td>Y N</td></tr> <tr><td>Hemophilia</td><td>Y N</td><td>Y N</td></tr> <tr><td>Hepatitis</td><td>Y N</td><td>Y N</td></tr> <tr><td>High Blood Pressure</td><td>Y N</td><td>Y N</td></tr> <tr><td>HIV Positive</td><td>Y N</td><td>Y N</td></tr> <tr><td>Kidney Problems</td><td>Y N</td><td>Y N</td></tr> <tr><td>Leg Cramps</td><td>Y N</td><td>Y N</td></tr> <tr><td>Liver disease</td><td>Y N</td><td>Y N</td></tr> <tr><td>Lung/Respiratory</td><td>Y N</td><td>Y N</td></tr> <tr><td>Menopause</td><td>Y N</td><td>Y N</td></tr> <tr><td>Mental Illness</td><td>Y N</td><td>Y N</td></tr> <tr><td>Neuropathy</td><td>Y N</td><td>Y N</td></tr> <tr><td>Phlebitis/Clots</td><td>Y N</td><td>Y N</td></tr> <tr><td>Psoriasis</td><td>Y N</td><td>Y N</td></tr> <tr><td>Rheumatic Fever</td><td>Y N</td><td>Y N</td></tr> <tr><td>Stroke</td><td>Y N</td><td>Y N</td></tr> <tr><td>Thyroid Problems</td><td>Y N</td><td>Y N</td></tr> <tr><td>Tuberculosis</td><td>Y N</td><td>Y N</td></tr> <tr><td>Ulcers - Stomach</td><td>Y N</td><td>Y N</td></tr> <tr><td>Ulcers - Skin</td><td>Y N</td><td>Y N</td></tr> <tr><td>Venereal Disease</td><td>Y N</td><td>Y N</td></tr> <tr><td>Weight Change - recent _____ lbs.</td><td>Y N</td><td>Y N</td></tr> </tbody> </table>		You	Family Member	Anemia	Y N	Y N	Arthritis	Y N	Y N	Artificial Heart/ Joints/Valves	Y N	Y N	Asthma	Y N	Y N	Back Problems	Y N	Y N	Bleeding Disorder	Y N	Y N	Cancer	Y N	Y N	Chemical Dependency	Y N	Y N	Chest Pain	Y N	Y N	Circulatory Problems	Y N	Y N	Diabetes	Y N	Y N	Epilepsy	Y N	Y N	Fibromyalgia	Y N	Y N	Gout	Y N	Y N	Heart Disease	Y N	Y N	Hemophilia	Y N	Y N	Hepatitis	Y N	Y N	High Blood Pressure	Y N	Y N	HIV Positive	Y N	Y N	Kidney Problems	Y N	Y N	Leg Cramps	Y N	Y N	Liver disease	Y N	Y N	Lung/Respiratory	Y N	Y N	Menopause	Y N	Y N	Mental Illness	Y N	Y N	Neuropathy	Y N	Y N	Phlebitis/Clots	Y N	Y N	Psoriasis	Y N	Y N	Rheumatic Fever	Y N	Y N	Stroke	Y N	Y N	Thyroid Problems	Y N	Y N	Tuberculosis	Y N	Y N	Ulcers - Stomach	Y N	Y N	Ulcers - Skin	Y N	Y N	Venereal Disease	Y N	Y N	Weight Change - recent _____ lbs.	Y N	Y N
	You	Family Member																																																																																																															
Anemia	Y N	Y N																																																																																																															
Arthritis	Y N	Y N																																																																																																															
Artificial Heart/ Joints/Valves	Y N	Y N																																																																																																															
Asthma	Y N	Y N																																																																																																															
Back Problems	Y N	Y N																																																																																																															
Bleeding Disorder	Y N	Y N																																																																																																															
Cancer	Y N	Y N																																																																																																															
Chemical Dependency	Y N	Y N																																																																																																															
Chest Pain	Y N	Y N																																																																																																															
Circulatory Problems	Y N	Y N																																																																																																															
Diabetes	Y N	Y N																																																																																																															
Epilepsy	Y N	Y N																																																																																																															
Fibromyalgia	Y N	Y N																																																																																																															
Gout	Y N	Y N																																																																																																															
Heart Disease	Y N	Y N																																																																																																															
Hemophilia	Y N	Y N																																																																																																															
Hepatitis	Y N	Y N																																																																																																															
High Blood Pressure	Y N	Y N																																																																																																															
HIV Positive	Y N	Y N																																																																																																															
Kidney Problems	Y N	Y N																																																																																																															
Leg Cramps	Y N	Y N																																																																																																															
Liver disease	Y N	Y N																																																																																																															
Lung/Respiratory	Y N	Y N																																																																																																															
Menopause	Y N	Y N																																																																																																															
Mental Illness	Y N	Y N																																																																																																															
Neuropathy	Y N	Y N																																																																																																															
Phlebitis/Clots	Y N	Y N																																																																																																															
Psoriasis	Y N	Y N																																																																																																															
Rheumatic Fever	Y N	Y N																																																																																																															
Stroke	Y N	Y N																																																																																																															
Thyroid Problems	Y N	Y N																																																																																																															
Tuberculosis	Y N	Y N																																																																																																															
Ulcers - Stomach	Y N	Y N																																																																																																															
Ulcers - Skin	Y N	Y N																																																																																																															
Venereal Disease	Y N	Y N																																																																																																															
Weight Change - recent _____ lbs.	Y N	Y N																																																																																																															
<p><b>Symptoms:</b></p> <p>Which side:    Right   Left   Both          Type of pain:   Dull   Achy   Sharp                              Burning   Throbbing                              Shooting</p> <p>Area of pain: _____</p> <p>Onset:   Slow   Sudden   Traumatic          Duration:        ___ Days   Weeks                              Months   Years</p> <p>Has pain gotten: Better   Worse                                           Stayed the Same</p> <p>What aggravates condition?              Walking   Running              Standing   Shoes</p> <p>What have you tried to alleviate pain?              Changing shoes              Decrease activity              Over the counter drugs              Other _____</p> <p>How long does pain last? _____</p>	<p><b>Exercise and Orthotics:</b></p> <p>In what athletics do you participate?</p> <p>Number of days per week: _____</p> <p>Do you wear arch supports?              Yes                  No</p> <p>Do you wear custom orthotics?              Yes                  No</p> <p>If yes, who made them?          _____</p> <p>How old are your orthotics?          _____</p> <p>Do you now have or have you ever had any of the following:          Ankle pain ___    Corns/Callouses ___          Athlete's foot ___    Heel pain ___          Bunions ___    Plantars warts ___          Cramps/Numbness ___    Flat feet ___          Swollen ankles/feet ___          Ingrown toenails ___</p> <p>Do you smoke? ___    How long? _____          How much? _____</p> <p>Do you drink? ___    How long? _____          How much? _____</p> <p>Are you pregnant or possibly pregnant?          _____</p>	<p><b>Surgeries/Injuries/Illnesses</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																																																																																																															
<p><b>Allergies and Drug Intolerances</b></p> <p>Adhesive Tape ___    Aspirin ___          Codeine ___    Iodine ___          Local Anesthetics ___          Penicillin ___          Seafoods ___    Sulfa ___          Other _____          No known drug allergies _____</p>																																																																																																																	