

CURRENT MEDICATIONS (please list or provide a separate sheet) _____

MEDICATION ALLERGIES - I HAVE NO KNOWN DRUG ALLERGIES (Please initial) _____

_____ Adhesives/Tape	_____ Iodine	_____ Penicillin	_____ Other Medicine Allergies
_____ Antihistamines	_____ Merthiolate	_____ Sulfa	_____
_____ Aspirin	_____ Metal (ie. Nickel)	_____ Sutures	_____
_____ Codeine	_____ Novocaine	_____ Latex	_____
_____ Demerol	_____ Nylon/Plastics	_____ Vinyl	_____

Are you on a diet? YES NO Describe briefly _____
Are you pregnant? YES NO Drink alcohol? YES NO Amount _____ for _____ years
Smoke cigarettes? YES NO packs/day _____ for _____ years Quit? _____ When? _____

You	Family	You	Family	_____ Other Medical Problems (Please list)
_____	_____ Anemia	_____	_____ Kidney disease	_____
_____	_____ Anxiety/depression	_____	_____ Leg cramps	_____
_____	_____ Arteriosclerosis	_____	_____ Liver trouble	_____
_____	_____ Asthma	_____	_____ Polio	_____
_____	_____ Bleeding tendencies	_____	_____ Rheumatism/Arthritis	_____
_____	_____ Cancer	_____	_____ Rheumatic Fever	_____
_____	_____ <i>Diabetes How long?</i> _____	_____	_____ Stomach ulcers	_____
_____	_____ <i>Diabetes How long?</i> _____	_____	_____ Stroke	_____
_____	_____ Epilepsy	_____	_____ Tuberculosis	_____
_____	_____ Gout	_____	_____ Tumors	_____
_____	_____ Heart murmur	_____	_____ Varicose Veins	_____
_____	_____ Heart trouble	_____	_____ Venereal Disease	_____
_____	_____ Hepatitis	Date _____	_____ Last Menstrual	_____
_____	_____ Hypertension	_____	_____ Period	_____

Please list all previous surgeries _____

What is your foot problem? _____

When did this problem start? _____

If due to injury, did this occur at work? Yes _____ Date of injury _____ No _____

Have you had foot treatment before Y N? By whom? _____

What was the treatment? _____

Is there anything else we should know? _____

I consent to care and treatment along with photographs of my feet, for education purposes, if necessary.

Signature of patient

Signature of parent or guardian (if patient is a minor)