

Patient Name: _____ **Date of birth:** _____

Lower extremity Medical History

What is the chief complaint(s) which brings you to our office?

General

What is your height: _____

What is your weight: _____

What is your shoe size: _____

Surgeries

List any surgeries you have had in the past

Symptoms

Which side: Right Left Both

Type of pain: Dull Achy Throbbing
 Brunign Sharp Shooting

Area of pain: _____

Onset: Slow Sudden Traumatic

Duration: _____

Days Weeks Months Years

Has pain gotten:

Better Worse Stayed the same

What aggravates condition?

walking running standing shoes

What have you tried to help the pain?

Changing shoes Ice Stretch

Anti-inflammatories Decrease activity

Arch supports or orthotics

How long does the pain last?

Social History

Occupation: _____

Do you smoke? Yes No

Are you a past smoker? Yes No

_____ packs per _____

Years smoked: _____

Do you drink alcohol? Yes No

if yes, how much: _____

Do you use recreational drugs?

Yes No

If yes, what: _____

General Medical History

Circle any of the following medical conditions you have:

- Anemia
- Anxiety
- Arthritis type _____
- Asthma
- Bleeding disorders
- Bronchitis
- Cancer
- Chest Pain
- Circulatory problems
- Diabetes I II
- Epilepsy
- Fibromyalgia
- Gout
- Heart Disease
- High blood pressure
- High cholestrol
- HIV+
- Kidney disease
- Liver disease
- MRSA
- Pneumonia
- Pregnancy
- Raynauds disease
- Stomach ulcer
- Thyroid disease
- Tuberculosis
- Urinary infection
- Varicose veins

Southwest Foot & Ankle, P. C.

Review of Systems

Patient Name: _____

DOB: _____

S- _____

Please **CHECK OFF** Any Symptoms below that apply to you.

Cardiovascular

- leg pain when walking
- fainting
- fever
- palpitations
- chest pain/pressure
- vascular disease
- leg swelling
- valve problems
- cold hands/feet
- irregular heart beat
- NONE**

Endocrine

- excessive thirst
- frequent urination
- NONE**

Gastrointestinal

- abdominal pain
- diarrhea
- constipation
- decrease appetite
- increase appetite
- heartburn
- trouble swallowing
- blood in stool
- vomiting
- decrease appetite
- ulcers
- NONE**

Generalized

- low energy level/fatigue
- double vision
- blurry vision
- light sensitivity

- stiffness in neck
- neck pain
- hearing loss/problems
- ringing in ears
- pain localized in ear
- discharge from ear
- dizziness/spinning
- nosebleeds
- sinus infection
- NONE**

Genitourinary

- kidney disease
- kidney stones
- blood in urine
- decreased frequency
- hesitancy
- excessive urination
- incontinence
- increased urgency
- NONE**

Hematologic

- lower leg ulcers
- sickle cell disease
- excessive bruising
- clotting disorders
- anemia
- blood thinners
- NONE**

Integumentary

- athlete's foot
- nail abnormalities
- keloids
- dry, scaly skin
- NONE**

Musculoskeletal

- back pain
- sciatica
- joint swelling
- joint stiffness
- joint pain
- joint instability
- muscle weakness
- muscle pain/aches
- muscles stiffness
- NONE**

Neurological

- tingling
- tremors
- weakness
- paralysis
- seizures
- numbness
- headaches
- loss of balance
- trouble walking

Psychiatric

- anxiety
- depression
- irritability
- memory loss

Respiratory

- chest pain
- shortness of breath
- wheezing
- emphysema
- COPD
- coughing
- NONE**