Orthopedics New England
Dedication. Compassion. Experience.

PODIATRY HEALTH ASSESSMENT

Patient Name:_____Today's Date:_____

Patient Address: _____

Phone#: Home: _____ Cell:_____

Date of Birth:_____Age:_____Height:_____Weight:_____Shoe Size: _____

Primary care physician: _____ Date you last saw this doctor: _____

Pharmacy Name and Address: _____

Is this **WORK RELATED**: Yes No **AUTO OR PERSONAL** injury: Yes No **OTHER** Injury: Yes No

If yes to any of the above--**DESCRIPTION AND DATE** of injury: _____

Occupation: _____ ☐ *Sits at job* ☐ *Stands at job* ☐ *Stands & Walks at job* ☐ *Retired*

Employer: _____Employer TEL: _____

Location of pain/problem: _____

Duration of Symptoms: _____ Severity:_____

Past Treatment for this problem:_____

Past Foot Problems/Surgeries:_____

Current Medications:_____

Allergies to Medication:_____

Allergies to Latex: ☐ Yes ☐ No, Allergies to Tape: ☐ Yes ☐ No, Allergies to Betadine: ☐ Yes ☐ No

Any problems taking Ibuprofen (Advil, Motrin) ☐ Yes ☐ No

Do you have Diabetes ☐ Yes ☐ No, if yes do you take insulin ☐ Yes ☐ No, Number of year's _____

Any past serious illness? _____

Past major surgeries? _____

Please Check any Of The Following Conditions you have, or have had:

☐ *Heart*	☐ *Asthma*	☐ *Skin*
☐ *Circulation*	☐ *Stomach ulcers*	☐ *Gout*
☐ *Frequent Infections*	☐ *Arthritis*	☐ *Healing*
☐ *Kidneys*	☐ *Anemia*	☐ *Neurological Disorder*
☐ *Lungs*	☐ *Cancer*	☐ *High Blood Pressure*
☐ *Hormones*	☐ *Liver*	

Do you have a Heart Valve Implant: ☐ Yes ☐ No

Social History:

Marital Status: ☐ *Single* ☐ *Married* ☐ *Divorced* ☐ *Widowed*

Alcohol Use: ☐ *Never* ☐ *Rarely* ☐ *Moderate* ☐ *Daily*

Tobacco Use: ☐ *Yes* ☐ *No* *# years:*_____*# Packs/Day:* _____*Do you currently smoke?* ☐ *Yes* ☐ *No*

Drug Use: ☐ *Never* *Name of Drug:*_____ *Frequency*_____

Family History: *(Age, Diseases, If deceased cause of death)*

*Father:*_____ *Mother:*_____

*Siblings:*_____

*Spouse:*_____

*Children:*_____

Is there a Family (blood relative) history of?

☐ *Heart Disease*	☐ *Arthritis*	☐ *Bleeding Disorder*
☐ *Stroke*	☐ *Bunions*	☐ *Neurological Disorder*
☐ *Hammertoes*	☐ *Flatfeet*	☐ *Circulation problems in hands or feet*