

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

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
- Stroke
- Hammertoes
- Arthritis
- Bunions
- Flatfeet
- Bleeding Disorder
- Neurological Disorder
- Circulation problems in hands or feet



Natick
313 Speen Street

Newton
2000 Washington Street
Blue Bldg. Suite 322

Hopkinton
1 Lumber Street
Suite 105

P (508) 655-0471
F (508) 650-3547

P (617) 527-5040
F (617) 641-2366

P (508) 458-6050
F (508) 625-1036

