Katz Foot and Ankle Center

PATIENT:

Name: ______ Date: ______

Shoe size: ______ Height: ____ foot ____ inches Weight: ______

CHIEF COMPLAINT (*include foot, ankle and lower leg*)**:**

Right: ____ Left: ____ Problem: ______

What have you done to treat this problem on your own: ______

If due to an injury. Injury date: ______ how long have you been bothered by this problem: ______

Details: ______

Please list any other physicians that you have consulted for this problem and what treatments were rendered:

Physician: ______ Treatment: ______

Physician: ______ Treatment: ______

HISTORY:

Date of your last physical exam: ______ Primary physician: ______

ALLERGY TO MEDICATIONS:

Adhesive	Amoxicillin	Aspirin	Iodine	Betadine	Codeine	Demerol	E-Mycins
Ibuprofen	Augmentin	Kelfex	Latex	Morphine	NSAIDS	Penicillin	Sulfa
Preservatives	Lidocaine	Tylenol	Antihistamine	other			

WHAT REACTION DID YOU HAVE TO THESE MEDICATIONS:

nausea/vomiting ____ rash ____ hives ____ anaphylaxis ____ diarrhea/stomach upset ____ shortness of breath ____

MEDICATIONS: ***Please list ALL medications that you are taking. List the name, strength and quantity of every medication including vitamins and herbal supplements:***

Pharmacy: ______ ***Phone:*** ______ ***Address:*** ______

Katz Foot and Ankle Center

Please indicate if you have any of these conditions:

Aids/HIV	Anemia	Arthritis	Kidney Disease	Bleeding Tendency	Restless leg Syndrome
Cancer	Diabetes	Epilepsy	Glaucoma	High Blood	Heart disease
Leg Cramps	Ulcers	Gout	Fibromyalgia	Venereal Disease	Mitral Valve Prolapse
Asthma	Post- Polio	Stroke	Osteoporosis	Hepatitis	Rheumatoid/Psoriatic Arthritis

Please list any surgeries you have had:

Surgery:	Year:	Surgery:	Year:
Surgery:	Year:	Surgery:	Year:

Social History:

Use of tobacco:	Never	Previously but quit in	Currents pack/day
Use of Alcohol:	Never	Rarely	Moderate
Use of Drugs:	Never	Type/frequency:	

Family history:

Heart Disease: Diabetes: Cancer: Arthritis: Overweight: High blood pressure:

Review of Systems:

Constitutional
- Good general health
- Recent weight change
- Fever
- Fatigue

Hematologic/lymphatic
- Slow to heal
- Tendency to bruise or
- Anemia
- Phlebitis
- Enlarged glands

Neurological
- Headaches
- Dizziness
- Convulsions or seizures
- Numbness/tingling
- Paralysis
- Stroke
- Head injury

Musculoskeletal
- Joint pain
- Joint stiffness or swelling
- Weakness in muscles or joints
- Muscle pain or cramps
- Back pain
- Cold extremities
- Difficulty walking
- Neuromuscular disease

Genitourinary
- Kidney stones
- Kidney disease
- Dialysis

Psychiatric
- Memory loss or confusion
- Depression
- Insomnia

Respiratory
- Chronic or frequent colds
- Spitting up blood
- Shortness of breath
- Wheezing

Endocrine
- Diabetes
- Glandular or hormone problem
- Excessive thirst or urination
- Heat or cold intolerance

Gastrointestinal
- Loss of appetite
- Nausea or vomiting
- Frequent diarrhea

Integumentary
- Rash or itching
- Changes in skin color
- Changes in hair or nails
- Varicose veins

Eyes
- Eye disease
- Wear glasses

Cardiovascular
- Chest pain or angina
- Palpitation
- Shortness of breath
- Swelling in feet, ankles or hands

Are there any other health concerns or foot/ankle history that we should know about: