

Pt. Name \_\_\_\_\_

Date: \_\_\_\_\_

## MEDICAL HISTORY

What brings you into our office today? **Chief Complaint:** \_\_\_\_\_

**Specifically (Circle)** Left or Right \_\_\_\_\_ Heel \_\_\_\_\_ Ankle \_\_\_\_\_ Arch \_\_\_\_\_ Toe, if so which one? \_\_\_\_\_

How long have you had this problem? \_\_\_\_\_ List other treatments or consultations with date \_\_\_\_\_

What type of sensation do you experience when painful? \_\_\_\_\_

Is this the result of an injury/incident?  Yes  No Date of Injury: \_\_\_\_\_ Explain Injury: \_\_\_\_\_

Amount of pain \_\_\_\_\_ 0 (no pain) ---10 (worst pain in the world)

**What are your expectations for today:** \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_ Date last seen \_\_\_\_\_

**Hypertension:**  Yes  No **Diabetes:**  Yes  No **Type:** \_\_\_\_ **Deep Vein Thrombosis**  Yes  No

**Cardiovascular Disease:**  Yes  No

Other Diseases: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** (*Feel free to provide a list for us to copy*) \_\_\_\_\_

**Where would you like any prescriptions sent to?** Pharmacy name: \_\_\_\_\_ Location: \_\_\_\_\_

**Hospital & Surgery in the last 12 months :** \_\_\_\_\_

## Social History:

Occupation \_\_\_\_\_ Hobbies: \_\_\_\_\_

Activity Level: (*Minutes per day*) \_\_\_\_\_

Usage: Alcohol (Drinks per day) \_\_\_\_\_ Tobacco (Cigarettes per day/week) \_\_\_\_\_ Illegal Drugs \_\_\_\_\_

**Family History:** (*Relation, Disease, Status*) \_\_\_\_\_

## Review of Systems in the last 12 months (*Circle all that apply to you.*)

### General

Weight gain/loss

Fatigue

Fever

### Dermatological

Nail Changes

Hair Loss

Skin Rashes

Itching

Dryness

### HEENT

Headaches

Vision Difficulties

Glaucoma

Cataracts

Ringling in Ears

Hearing Loss

Sinus Problems

Dentures

### Heme

Anemia

Bleeding disorders

Bruise Easily

### Respiratory

Asthma

Emphysema

Bronchitis

Pneumonia

Chronic cough/SOB

### Cardio

Palpitations

Heart Trouble

Murmurs

HTN

CHF

Chest pain

Cold Extremities

LE swelling/varicose

Veins

### Gyn

Painful Periods

Menopause

Masses

Sores

STDs

### Hepatic

Cirrhosis

Hepatitis

### Endocrine

Diabetes

Thyroid Dz

Adrenal Dz

### GU

Excessive Urine

Painful Urine

Urinate at night

Blood in Urine

Incontinence

UTIs

Kidney Stones

### MSK

Arthritis

Gout

Trauma/fx

Back/neck pain

Dec. ROM

Joint Swelling

Muscle weakness

### GI

Heartburn

Indigestion

Gallbladder

IBS

GERD

Nausea

Vomiting

Diarrhea

Constipation

Ulcers

### Neurological

Fainting

Blackouts

Tingling/Burning

Numbness

Weakness

Seizures

### Psych

Depression

Anxiety

**LEAVE THIS SIDE BLANK, FOR MEDICAL STAFF ONLY TO FILL IN.**

**Vitals:**

H(ft/in) \_\_\_\_\_ W (lbs) \_\_\_\_\_ T (F) \_\_\_\_\_ RR/min \_\_\_\_\_ PR/min \_\_\_\_\_ BP(mmHg) \_\_\_\_\_  
Shoe size \_\_\_\_\_ FBS/HbA1c \_\_\_\_\_

**Integument:**

Skin is : warm/cool dry/moist supple/ atrophic  
Digital hair is: present/absent to the level of : \_\_\_\_\_  
Nails are: Normal/Dystrophic/Mycotic (long/incurvated/brittle/discolored/subungal debris)

**Left Foot**

Nails: 1 2 3 4 5

**Left Foot**

HPKs Tips: 1 2 3 4 5

HPKs Met heads 1 2 3 4 5

**Right Foot**

1 2 3 4 5

**Right Foot**

1 2 3 4 5

1 2 3 4 5

**Vascular:**

Left foot: Palp/NP DP \_\_\_/4 PT \_\_\_/4 Doppler Tri/Bi/Mono CFT- \_\_\_ sec  
Right foot: Palp/NP DP \_\_\_/4 PT \_\_\_/4 Doppler Tri/Bi/Mono CFT- \_\_\_ sec  
Edema is: absent/mild/moderate/severe (non-pitting/pitting):

**Neuro:**

**Left Foot**

**Right Foot**

DTRs	0 1 2 3 4	0 1 2 3 4
Vib.	N/ Dec level of: ___	N/ Dec level of: ___
Sharp/Dull	N/ Dec level of: ___	N/ Dec level of: ___
Proprioception	N/ Dec level of: ___	N/ Dec level of: ___
SWMF 5.07/10g	___/5	___/5

**MSK:**

**Left Foot**

**Right Foot**

Musc. Strength	0 1 2 3 4- 4 4+ 5	0 1 2 3 4- 4 4+ 5
Musc. Mass	WNL/Ab	WNL/Ab
ROM	WNL/Dec/Painful	WNL/Dec/Painful
Bunion	Ab/P _____	Ab/P _____
Joint Pain/POP	1 2 3 4 5	1 2 3 4 5
Hammer digits	1 2 3 4 5	1 2 3 4 5

**Biomechanical:**

Gait-  
Foot Structure- rectus, Increased arch, Decreased arch

**Testing:**

**Left foot**

**Right foot**

Ankle Joint	Knee Ext:	Knee Ext:
	Knee Flexed:	Knee Flexed:
1st Ray	_____mm DF	_____mm DF
	_____mm PF	_____mm PF
1st MPTJ	_____deg Loaded	_____deg Loaded
	_____deg Unloaded	_____deg Unloaded

**Radiographic Findings:**

\_\_\_\_\_  
\_\_\_\_\_  
No fracture or dislocation noted, NO evidence of bone, joint, or soft tissue pathology noted

**Assessment:** \_\_\_\_\_

**Plan:** \_\_\_\_\_