The Foot & Ankle Clinic, LLC.

Patient Registration, Part 2

DATE_____

NAME_____ B.P._____HEIGHT_____ SHOE SIZE_____WEIGHT_____

Do You Have a history of the following

Diabetes	Yes____	No____
Insulin	Yes____	No____
Heart Problems	Yes____	No____
Mitral Valve Prolapse	Yes____	No____
Blood Clots	Yes____	No____
Stroke	Yes____	No____
Seizures	Yes____	No____
High Blood Pressure	Yes____	No____
Arthritis/Gout	Yes____	No____
Asthma	Yes____	No____
Bleeding Tendency	Yes____	No____
Infection	Yes____	No____
Recurrent Infection	Yes____	No____
HIV/AIDS	Yes____	No____
Cancer	Yes____	No____
Poor Circulation	Yes____	No____

Have You Ever Had **ALLERGIES** to any of the following

Penicillin	Yes____	No____
Other Antibiotics	Yes____	No____
Aspirin	Yes____	No____
NSAIDS	Yes____	No____
Local Anesthetics	Yes____	No____
Novocaine	Yes____	No____
Codeine	Yes____	No____
IVP Dye	Yes____	No____
Adhesive Tape	Yes____	No____

Other_____

_____

_____

_____

_____

Please list al medications supplements, vitamins, and over the counter products you are currently taking

_____

_____

_____

_____

_____

_____

Do You Smoke? Yes____ No____. If yes, # of packs daily____. How Many Years?_____
Do You drink alcohol or use recreational drugs? Yes____ No____
Are you Currently Employed? Yes____ No____. If yes, list number of hours standing/walking at job_____
Have you been hospitalized in the past year? If yes, Why?_____
List any surgeries you've had and dates._____
_____

Circle your family history of the following:

Diabetes High Blood Pressure Stroke Cancer Foot Problems High Cholesterol Heart disease
Reason for today's visit._____
Circle symptoms you are experiencing: Pain Swelling Burning Tingling Numbness Grinding Stabbing
On a Scale of 1 to 10 (1 being little pain, 10 being extreme pain), What is your level of pain?_____
What causes or aggravates your symptoms?_____
What decreases or alleviates your symptoms?_____
What is your goal of treatment_____
Have you been treated in the past for this problem? Yes____ No____ When?_____
By Whom?_____

MARK THE AREA (S) BELOW TO IDENTIFY ANY PROBLEMS YOU MAY BE HAVING