

Agoura Los Robles Podiatry - Updated Health History 2011

Name: _____

Age: _____

Do you your nails hurt? Yes No Which toes? _____

Do you have any painful calluses? Yes No Where? _____

Do you have any other foot problems to discuss? _____

Medical Problems (please list all medical illnesses)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Medications (please list all that your take and dosages)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Prior Surgeries (including cosmetic) or **Hospitalizations**

- 1.
- 2.
- 3.
- 4.

- 5.
- 6.
- 7.
- 8.

Allergies (example: tape, sulfa, penicillin, aspirin, lidocaine or other anesthetics)

- 1.
- 2.
- 3.
- 4.

- 1.
- 2.
- 3.
- 4.

Personal information

Height: _____ Weight: _____ Shoe Size: _____ Occupation: _____

Do you smoke? Yes No When did you quit? _____ Do you drink? Yes No

Which Pharmacy do you use? _____ In what City / Street? _____

Review of Systems (please check all that apply to you)

- Skin: None Nail problems Calluses Ulcers or sores on skin Blisters Rashes
- Skeletal: None Hammertoes or Bunion Bumps Joint pain Arthritis Stiffness Gout
 Prednisone Back pain Hip or Knee surgery Loss of balance
- Neurological: None Numbness Tingling Burning Dizziness Other: _____
- Heart: None DVT/phlebitis in leg with Coumadin use High blood pressure Blood clot
 Irregular heart beat/rhythm Varicose veins Heart surgery
- Endocrine: None Diabetes Thyroid problems other: _____
- General: None Fever Chills Recent changes in weight AIDS/HIV Other: _____