



Dr Larry Assalita - Podiatric Patient History

Please fill out separate sports medicine history form if appropriate

Please note: Do not hesitate to provide any length of a summary or narrative of your entire history as related to your feet. You live with the problem 24 hours a day, and you may have insight, or information, that may make treatment more successful. There are no right or wrong answers - just answer with your first impression.

Indicate Right Foot, Left Foot, or Both here → _____ or indicate R / L / B in each question if varies

Primary Purpose of appointment :

Secondary Concerns:

What do you think the problem is ?

How long have you noticed the problem (s) ?:

Has it changed ?

Previous physician care ?

What have you tried ?

What makes it better / What makes it worse ?

How did you select / hear about this office ?

Is there anything you want us to know about you, your circumstances, family , work or other history ?

Activity and standing at work:

Activity and standing at home:

Height: _____ **Weight** _____ [has it increased or decreased] _____

Shoe size / brands / styles (s) _____

Has size changed _____ When don't you wear shoes ? _____

Are there dress code or other shoe wear requirements:

Alcohol : (how many years and amount / day / wk and type) _____

Smoking use: per day / how many years & what do you smoke : _____



If you no longer smoke, when did you quit ? _____

Recreational or other substance use _____

List **ALLERGIES** and type of reaction you have to any medication, materials or products :

Don't forget to include aspirin, iodine, local anesthetic, latex, , adhesives, soaps, fabrics, and non prescription products