



## Medical History



**List medications:** include vitamins, recreational drugs, birth control , smoking cessation, diet pills, supplements , eye drops  
List the name [ generic or brand ]; purpose ; strength ; times a day ; when started ; and who provides the Rx for you If you have a legible list to photocopy for your chart , you do not need to separately complete this section. Use the back of this form if necessary.

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

**List FOOT surgery or foot care:** include physician ; facility ;date ; original problems ; satisfaction of the results, any complications or problems .If you are coming here as an alternative opinion, or other care related to this, possibly bring records .

- 1.
- 2.
- 3.

**List other surgery :** Leg, hip, knee, and back are more important in details ( particularly if you are having foot pain, numbness ). Identify anything where complications or problems or less than desirable outcomes occurred

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

**Do you currently have , or did you in the past have, any symptoms, medical or other care for any of the following ?**  
And in the space below or on the reverse list any important details not already referenced in the rest of this registration . When possible, if you have any current general medical care, have your primary physicians office fax us your most recent office visit notes.

**Musculoskeletal :** back pain / arthritis / neck pain / ulcers / sciatica / joint implants / sprains / fractures

**Skin:** warts / ingrown nails / heat or cold sensitivity / athletes foot / cancer / tattoos / piercing

**Cardiovascular:** anemia / abnormal bleeding / heart problems / CVA / murmur / pacemaker / bypass legs

**Urinary & Reproductive issues:** prostate / hysterectomy / HIV / infections / ED / VD / kidney / gout

**Central organs:** stomach ulcers,/ bowel,/ diabetes / liver problems / hepatitis/ appendix / gout /

**Head /Neck :** dental surgery / cataracts / contacts / glaucoma / hearing loss / hearing aid / asthma / thyroid

**Neurological :** seizure / neuropathy / ADHD / depression / psychiatric / memory issues / stroke

**Miscellaneous**