DR: Naugle / Smith / T. Shannon / M	l. Shannon / Watson / Zimmerman / Le / Lazar
Please Fill Out	Below Completely
Last Name:	First Name:
Date of Birth:	_ Gender: [ ] Male [ ] Female Date:
Family Doctor:	Shoe Size:
Date of last family doctor visit:	
How did you hear about our practice:	
Please describe what brings you into the o	ffice today

Please circle all that applies in the pain table shown below

Describe Pain	Main Location	For How Long?	Onset of injury/condition	Progression of condition	Pain Aggravated by
Sharp	Lower Leg	1-3 Days		Severe	Any Weightbearing
Aching	Ankle	3-7 Days	Gradual onset	Worsening	Standing
Throbbing	Achilles Tendon	1-3 Weeks	over time	Moderate	Walking
Shooting	Heel	3-6 Weeks		Worsening	Running
Electrical	Midfoot	6-8 Weeks		Mild	Exercise
Pins & Needles	Arch	3-6 Months	Sudden onset	Worsening	Bending
Burning	Toenails	6-9 Months	from activity	Standy/Improving	Stooping
Itching	Forefoot	9-12 Months		Steady/Improving	Pressure on Ball
	Sole of Foot			Mild	of Foot
	Ball of Foot			Improvement	Pressure from
No Dain	Top of Foot	Greater than	Traumatic	Moderate	Shoe gear
No Pain	Big Toe	One Year	injury	<u>Improvement</u>	Pressure from
	Lesser Toes			Considerable	
				Improvement	jumping

# Check all that apply below

Treatments I have attempted to relieve symptoms	Amount of Improvement I have Achieved				
Anti-Inflammatories (Motrin, Aleve, Tylenol, etc.)	Considerable Improvement to Symptoms				
Changing Shoe gear					
Rest, Ice, Compression and/or Elevation	Mild Improvement to Symptoms				
Padding and/or Strapping affected foot					
Trimming Nail(s) yourself	Moderate Improvement to Symptoms				
Applying Ointment and/or cream	No Improvement to Symptoms				
Seen by Another Physician for surgery or treatment	Worsening of Condition				

Additional Info:		

Patient Name:	

Circle Any Additional Factors: Pain decreases with removing shoes | Pain decreases with shoe removal | Pain decreases with nail trimming | Pain worse on 1<sup>st</sup> Step in the Morning | Pain Worse When Walking/Standing after Rest | Pain Worse in Shoes | Pain worse with any movement | Pain worse with exercise | Pain worse on ladder | Pain improves after walking 15-20 min. | Pain decreases with rest

## Past Medical History (check all that apply)

AIDS or HIV Positive	Emphysema	Multiple Sclerosis	Additional Diseases List Below
Anemia	Epilepsy	DVT (Blood Clot)	
Arthritis	Gout	Pacemaker	
Asthma	Heart Disease	Pneumonia	
Bleeding Disorder	Hepatitis	Polio	
Cancer	Kidney Disease	Stroke	
Chemical	Liver Disease	Thyroid Disease	
Dependency			
Diabetes	Migraines	Ulcer(s)	

## Past Surgical History (check all that apply)

Toenail Surgery	Heart Bypass	List Surgery with Approximate Month/Year Performed
Bunion Repair	Heart Valve Surgery	
Hammertoe Correction	Appendectomy	
Fracture Repair	Gallbladder	
Joint Fusion	Brain Surgery	
Tendon Repair	Stent Placement	
Ankle Stabilization	Liver Surgery	
Arthroscopy (Scope)	Tumor Removal	

Complications with surgery or anesthesia:	
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## Childhood and Family History (check all that apply)

Childhood Illness		Sibling's Medical History		Father's Medical History		Mother's Medical History	
Rheumatic fever		HTN/High Blood Pressure	HTN/High Blood Pressure			HTN/High Blood Pressure	
Measles		CVA/ Stroke		CVA/ Stroke		CVA/ Stroke	
Mumps		Diabetes		Diabetes		Diabetes	
Rubella		Cancer		Cancer		Cancer	
Chicken Pox		Circulation Problems		Circulation Problems		Circulation Problems	
Herpes/Cold sores		Other:		Other:		Other:	
Clubfoot	Deceased: [ ] Yes, At age[ ]No			eceased: [ ] Yes, At age [ ]No	De	ceased: [ ] Yes, At age [ ]No	

## Allergies (check all that apply)

No Known Allergies	Sulfa	Aspirin	Adhesive Tape
Penicillin	Erythromycin	Cortisone	Local Anesthetics

Other Allergies (including Medications/Food/Environmental):

Patient Name:					
Social History (circle all that apply)					
Smoke Tobacco   Drink Alcohol	Smoke Marijuana	Use Cocaine   Use Hali	ucino	genic Drugs   Use O	ther Drugs
Smoking Status (check boxes as they app	,	,			
I am a		rmer Smokers: I would typic	cally	smoke	
Current Everyday Smoker	½ Pack a day	4 Packs a day		Occasionally	
Current Occasional Smoker	1 Pack a day	5 or more Packs a Day		Socially	
Former Smoker	2 Packs a day	1-2 packs per week	-	Weekdays	
Never Smoker	3 Packs a day	3-4 packs per week		Weekends	
Alcohol Use, number of drinks (circle	e as they apply)				
Daily Intake: 1 2 3	4 5 50	or More			
Weekly Intake: 1-3 Drinks a week	4-6 Drinks a week	Occasional Social	Only	Weekend Only	
Non-Drinker (Never Drank or No Longer)					
Non-Drinker (In Recovery)					
Current Medication List (Note	a: If you have an existing lie	et please provide it se we may s	can it	and write SEE LIST on t	ha linas halaw)
our Energy (Note	e. If you have all existing its	st, picase provide it so we may s	carric	and write SEE LIST ON	ne inies below,
<b>5</b>					
Patient Height:					
Patient Weight:					
Date of last Flu shot:					
[ ] Check this box if you did	not get the Flu sh	ot			