

DR: Naugle / Smith / T. Shannon / M. 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 office today...

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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	Gradual onset over time	Severe	Any Weightbearing
Aching	Ankle	3-7 Days		Worsening	
Throbbing	Achilles Tendon	1-3 Weeks	Sudden onset from activity	Moderate	Walking
Shooting	Heel	3-6 Weeks		Worsening	
Electrical	Midfoot	6-8 Weeks	Steady/Improving	Mild	Exercise
Pins & Needles	Arch	3-6 Months		Worsening	
Burning	Toenails	6-9 Months	Traumatic injury	Steady/Improving	Stooping
Itching	Forefoot	9-12 Months		Mild	
No Pain	Sole of Foot	Greater than One Year	Traumatic injury	Improvement	Pressure on Ball of Foot
	Ball of Foot			Moderate	
	Top of Foot			Improvement	
	Big Toe			Considerable	Pressure from Shoe gear
	Lesser Toes			Improvement	

Check all that apply below

Treatments I have attempted to relieve symptoms		Amount of Improvement I have Achieved
<input type="checkbox"/>	Anti-Inflammatories (Motrin, Aleve, Tylenol, etc.)	Considerable Improvement to Symptoms
<input type="checkbox"/>	Changing Shoe gear	
<input type="checkbox"/>	Rest, Ice, Compression and/or Elevation	Mild Improvement to Symptoms
<input type="checkbox"/>	Padding and/or Strapping affected foot	
<input type="checkbox"/>	Trimming Nail(s) yourself	Moderate Improvement to Symptoms
<input type="checkbox"/>	Applying Ointment and/or cream	No Improvement to Symptoms
<input type="checkbox"/>	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	<b>Additional Diseases List Below</b>
	Anemia	Epilepsy	DVT (Blood Clot)	
	Arthritis	Gout	Pacemaker	
	Asthma	Heart Disease	Pneumonia	
	Bleeding Disorder	Hepatitis	Polio	
	Cancer	Kidney Disease	Stroke	
	Chemical Dependency	Liver Disease	Thyroid Disease	
	Diabetes	Migraines	Ulcer(s)	

**Past Surgical History** (check all that apply)

	Toenail Surgery	Heart Bypass	<b>List Surgery with Approximate Month/Year Performed</b>
	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: \_\_\_\_\_

**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	Deceased: [ ] Yes, At age ___ [ ] No	Deceased: [ ] Yes, At age ___ [ ] No

**Allergies** (check all that apply)

<b>No Known Allergies</b>	Sulfa	Aspirin	Adhesive Tape
Penicillin	Erythromycin	Cortisone	Local Anesthetics

Other Allergies (including Medications/Food/Environmental):

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