

Tanner Foot Clinics
PATIENT HISTORY FORM

Patient's Name: _____ Today's Date: _____

Date of Birth: _____

How did you hear about us (circle): Yellow Pages, Radio, Doctor _____
Patient _____ Internet: Google/Bing/Firefox/Yahoo Other: _____
May we contact you by email for appointment reminders and helpful foot information [] yes [] no.
Email address: _____

History of Present Illness

Reason for your visit today: _____

Onset of problem: _____ Days , Weeks, Months, Years ago.

Previous Problems: _____

Treatments tried already (circle): Rest, Ice, Elevation, Tylenol, Ibuprofen, Ace, Bandage, Arch Support, Orthotics, Bracing, Pain Medications, Padding, Sugery, Other: _____

Describe the pain _____ Sharp, Shooting, Burning, Stabbing, Tingling, Tight, Full, Dull, Pounding, Aching, Throbbing, Numb, Superficial, Deep.

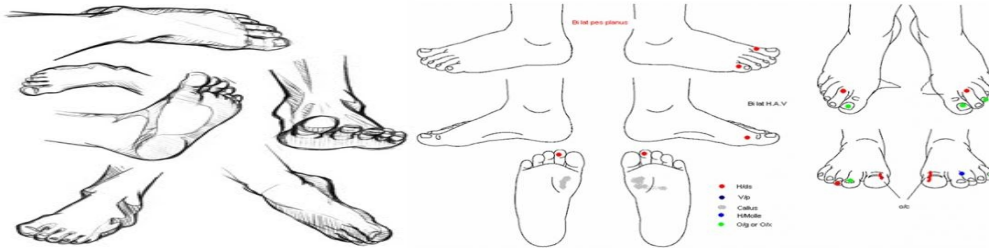
Does the pain (circle): Travel/Radiates Stays local Other: _____

Pain on Scale of 1-10: _____/10 Sitting _____ Standing _____/10 Walking _____/10

When is it most painful _____ When is it best: _____

Anything else you have also noticed? _____

Location: Please Circle place of problem: **Right Left Both Leg Ankle Foot Toes: 1(big) 2 3 4 5**



Past Medical History

Primary Care Physician's name & Location: _____

Date of last exam: _____ Have you ever been hospitalized? Yes No If yes, what for? _____

Do you currently feet sick? Yes No. If yes, describe symptoms: _____

Conditions are you currently being treated or have been treated for in the past (please check)

General: Health (good fair poor) weight change (elevated/decreased intentional? Yes/No), fevers, chills, sweats, fatigue, heat/cold intolerance.

Skin: rash, itching, dryness, ulcers, color change, skin cancer, hair loss, nail changes

respiratory: cough, sputum, short of breath, cough up blood, wheezing, asthma.

Cardiovascular: chest pain, edema, palpitations, irregular heartbeat, painful legs with elevation.

Abdominal: poor appetite, heartburn, regurgitation, nausea, vomit, abdomen pain, bloating, diarrhea, constipation, hemorrhoids, blood in stool

Urinary: Painful urination, incontinence, blood in urine, erectile dysfunction, enlarged prostate.

MSK: joint pain (hands/elbow/shoulder/hips/knees/feet) swelling, a.m. stiffness, back pain, cramps, fractures, weakness, fatigue.

Hematologic: sickle cell thalassemia, pallor, orthostasis, easy bleeding/bruising, history of transfusion, lymphadenopathy, blood thinner usage.

Neurologic: headache, weakness, seizure, head trauma, loss of consciousness, numbness, dizziness, confusion, memory loss, difficulty walking, tremor, incoordination, back pain, radiating pain, history of carpal tunnel.

Psych: anxiety, panic, and sadness, hopelessness, tearful, suicidal, depression, bipolar.

Sleep: insomnia, snoring, sleep apnea. **Nutrition(per day):** 5 meals, 4 meals, 3 meals, 2 meals, 1 meal.

Medical History (Reasons you have seen a doctor/hospitalizations in the past) not listed above: _____

See Other Side Please

