

# HEALTHY FEET PODIATRY

LEO KRAWETZ, DPM, FACFAS

TODD BRENNAN, DPM

PATIENT NAME \_\_\_\_\_

PLEASE LIST THE PROBLEM THAT BRINGS YOU IN TODAY: \_\_\_\_\_  
\_\_\_\_\_

ONSET: Gradual \_\_\_ Sudden \_\_\_ Duration: \_\_\_ Days \_\_\_ Weeks \_\_\_ Months \_\_\_ Years

INJURY: \_\_\_\_\_ TYPE OF PAIN \_\_\_\_\_

PREVIOUS TREATMENT: \_\_\_\_\_

WHAT TYPE OF SHOES DO YOU NORMALLY WEAR: \_\_\_\_\_

PLEASE MARK ANY OF THE FOLLOWING MEDICAL CONDITIONS THAT YOU HAVE EVER HAD:

Diabetes _____	Ulcers _____	Rheumatic Fever _____
Cardiac _____	Cancer _____	Phlebitis _____
Hypertension _____	TB _____	Bleeding Disorder _____
Arthritis _____	Stroke _____	HIV/AIDS _____
Epilepsy _____	Asthma _____	
Gout _____	Kidney _____	
Nervous Disorders _____	Liver _____	
Other _____		

LIST ANY MEDICATIONS YOU ARE TAKING ON A REGULAR BASIS  
\_\_\_\_\_  
\_\_\_\_\_

MARK ANY OF THE FOLLOWING SURGERIES YOU HAVE HAD:

Tonsils _____	Gallbladder _____	Gastric _____
Appendix _____	Foot _____	Rectal _____
Hernia _____	Female _____	Injuries & Fractures _____
Other _____		

ARE YOU ALLERGIC TO ANY OF THE FOLLOWING:

Penicillin _____	Aspirin _____	Codeine _____
Local Anesthetics _____	Iodine _____	Latex _____
Other _____		

LIST ANY BLOOD RELATIVES WITH THE FOLLOWING CONDITIONS:

Diabetes _____	Foot _____
Gout _____	
Other _____	

DO YOU USE TOBACCO PRODUCTS: \_\_\_\_\_

Do you drink alcohol \_\_\_\_\_ How many drinks \_\_\_/day \_\_\_/week