

DR: Naugle | Smith | M.Shannon | T.Shannon | Watson | Patterson | Zuwiala **Date:**_____

-----Please Fill Out Below Completely-----

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: [] Male [] Female Shoe Size: _____

Please Describe what brings you into the office today...

Name of Family Doctor: _____
Date of Last Visit: _____

Please Circle All that Apply 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	Traumatic injury	Mild	Exercise
Pins & Needles	Arch	3-6 Months		Worsening	
Burning	Toenails	6-9 Months		Steady/Improving	Stooping
Itching	Forefoot	9-12 Months			
No Pain	Sole of Foot	Greater than One Year		Mild	Pressure on Ball of Foot
	Ball of Foot			Improvement	
	Top of Foot			Moderate Improvement	
	Big Toe			Considerable Improvement	
	Lesser Toes				Pressure from Shoe gear
					Pressure from 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: _____

Circle Any Additional Factors: Pain decreases with removing shoes | Pain decreases with shoe removal | Pain decreases with nail trimming | Pain worse on 1st 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

How did You Hear About our Practice: _____

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 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Polio	
Cancer	Kidney Disease	Stroke	
Chemical Dependency	Liver Disease	Thyroid Disease	
Diabetes	Migraines	Ulcer(s)	

RECREATIONAL Drug usage- please list/specify any recreational drugs

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: _____

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)

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

Other Allergies (including Medications/Food/Environmental):
