

HISTORY AND PHYSICAL

PLEASE FILL OUT SHADED AREAS ONLY!

DATE: _____

NAME: _____ AGE: _____ PHONE: _____ HEIGHT: _____ WEIGHT: _____

CHIEF COMPLAINT: _____

SUBJECTIVE SIGNS AND SYMPTOMS: _____

PREVIOUS TREATMENT: _____

OTHER PODIATRIC PROBLEMS: _____

BUNIONS CORNS CALLUSES INGROWN NAILS HEEL PAIN ARCH PAIN ANKLE PAIN METATARSALGIA

HOME TREATMENT FOR THIS CONDITION: _____

HAVE **YOU PERSONALLY** EVER BEEN TREATED FOR ANY OF THE FOLLOWING CONDITIONS?

CHEST PAIN ASTHMA BLEEDING PROB DIABETES NEUROPATHY CANCER BLOOD CLOTS
 LIVER DISEASE FOOT ULCERS ARTHRITIS STROKE RHEUM FEVER GOUT HYPERTENSION
 SICKLE CELL RAYNAUD'S THYROID PROB HEART PROB KIDNEY PROB ANEMIA STOMACH ULCERS

OTHER: _____

I AM **NOT** CURRENTLY BEING TREATED FOR ANY CONDITIONS.

HAS **ANYONE IN YOUR IMMEDIATE FAMILY** EVER BEEN TREATED FOR ANY OF THE FOLLOWING CONDITONS?

CHEST PAIN ASTHMA BLEEDING PROB DIABETES NEUROPATHY CANCER BLOOD CLOTS
 LIVER DISEASE FOOT ULCERS ARTHRITIS STROKE RHEUM FEVER GOUT HYPERTENSION
 SICKLE CELL RAYNAUD'S THYROID PROB HEART PROB KIDNEY PROB ANEMIA STOMACH ULCERS

OTHER: _____ **ADOPTED**

NO ONE IN MY IMMEDIATE FAMILY HAS EVER BEEN TREATED FOR ANY OF THE ABOVE CONDITIONS.

PREVIOUS SURGERIES: _____

CAFFEINE: _____ CUPS/DAY ALCOHOL: NONE SOCIAL MILD MODERATE TOBACCO: _____ CIGS/DAY ARE YOU PREGNANT? _____

CURRENT MEDICATIONS: _____

ALLERGIES: I HAVE **NO** ALLERGIES.

I AM ALLERGIC TO THE FOLLOWING:

TYLENOL TAPE ASA KEFLEX CODIENE CORTISONE IODINE
 PENICILLIN SULFA MOTRIN DARVON NOVOCAINE DEMEROL SHELL FISH
 OTHER: _____

VASCULAR EXAM	Right	Left
Pulses		
DP	NP 0 1 2 3 4	NP 0 1 2 3 4
PT	NP 0 1 2 3 4	NP 0 1 2 3 4
Skin Temp	_____	_____
Skin Color	_____	_____
Varicosities	_____	_____
Edema	_____	_____
Hair Growth	_____	_____
Cap Fill	_____	_____

NEUROLOGICAL	Right	Left
Achilles Reflex	_____	_____
Babinski	_____	_____
Sharp/Dull	_____	_____
Coordination	_____	_____
Monofilament	_____	_____

DERMATOLOGICAL	Right	Left
Rash	_____	_____
Nodules	_____	_____
Ulcers	_____	_____
Ingrown Nails	1 2 3 4 5	1 2 3 4 5
Mycotic Nails	1 2 3 4 5	1 2 3 4 5
Warts	_____	_____
Lesions	_____	_____
Porokeratosis	_____	_____

ORTHOPEDIC	Right	Left
HAV	_____	_____
Tailor's Bunion	_____	_____
Depressed Mets	1 2 3 4 5	1 2 3 4 5
Heloma Dura	1 2 3 4 5	1 2 3 4 5
Contracted Toes	1 2 3 4 5	1 2 3 4 5
Heloma Molle	_____	_____

MUSCLE STRENGTH	Right	Left
Dorsiflexors	1 2 3 4 5	1 2 3 4 5
Plantarflexors	1 2 3 4 5	1 2 3 4 5
Evertors	1 2 3 4 5	1 2 3 4 5
Inverters	1 2 3 4 5	1 2 3 4 5

BIOMECHANICAL	Right	Left
Ankle ROM	_____	_____
STJ ROM	_____	_____
MTJ ROM	_____	_____
MPJ ROM	_____	_____
Rear - Forefoot	_____	_____
Neutral Cal Position	_____	_____

RADIOGRAPHIC FINDINGS

IM Angle	_____	_____
HA Angle	_____	_____
PASA	_____	_____

