LIKE *"EAST OCEAN PODIATRY"* ON FACEBOOK

MEDICAL HISTORY

PRINT NAME: ______________________ DATE OF BIRTH: ______________________

PERSONAL INFORMATION

Reason for visit: ______________________

Shoe Size ________ Weight ________ Height ________ Do you think you might be pregnant? ________

Smoking: Packs/Day____ Caffeine: Quantity ________ Alcohol: None Rarely Moderately Daily Quit

Recreational Drug Use: None Rarely Moderately Daily Quit

List Athletic Activities: ______________________

Family History: (i.e.: Diabetes, Heart Disease, and Arthritis) ______________________

MEDICAL HISTORY: *Please check ALL that apply.*

- ☐ AIDS/HIV POSITIVE
- ☐ ANEMIA
- ☐ ANGINA
- ☐ ARTHRITIS
- ☐ ARTIFICIAL HEART VALVES
- ☐ ARTIFICIAL JOINTS
- ☐ ASTHMA
- ☐ BACK PROBLEMS
- ☐ CANCER
  LIST TYPE: ____________
- ☐ CIRCULATORY PROBLEMS
- ☐ DIABETES
  INSULIN / NON-INSULIN
- ☐ HEART DISEASE
- ☐ FIBROMYALIGIA
- ☐ GOUT
- ☐ HEPATITIS
  ☐ A ☐ B ☐ C
- ☐ HEADACHES/MIGRAINES
- ☐ HYPERTENSION
- ☐ HYPOTENSION
- ☐ KIDNEY STONES
- ☐ LIVER DISEASE
- ☐ LUNG DISEASE
- ☐ OSTEOPOROSIS
- ☐ PHLEBITIS
- ☐ SEIZURE DISORDERS
- ☐ SPORTS RELATED INJURIES
- ☐ STOMACH ULCERS
- ☐ STROKE
- ☐ THYROID DISORDER
- ☐ TUBERCULOSIS
- ☐ OTHER: ____________

SURGICAL & HOSPITALIZATION HISTORY *(Please Include ALL foot related surgeries)*

Surgical History	Date	Surgical History	Date

Medication List: ______________________

ALLERGIES *(Check ALL that apply)*

- ☐ SHELLFISH/FOODS
- ☐ LATEX/ADHESIVE TAPE
- ☐ DEMEROL
- ☐ NOVOCAIN
- ☐ SULFA
- ☐ ASPIRIN
- ☐ IODINE/IV CONTRAST
- ☐ PENICILLIN
- ☐ OTHER ____________

PHONE: (954) 481-3525

Revision May.2013