

Patient Name _____ Date _____

Initial History & Review Of Systems

History of Chief Complaint(s): (N-L-D-O-C-A-T)

Hospitalizations/Major Surgery/Minor Foot Surgery

Medications—Prescription & OTC

Family Medical Dr. _____ Date Last Visit with MD _____

Allergies: _____ Reactions: _____

Other Specialist MD _____ Specialty _____

Endocrine & Constitutional

- ___ Diabetes X ___ Years
- ___ Last Glucose
- ___ HgA1c
- ___ Date of Exam
- ___ Relative w/Diabetes
- ___ Complications
- ___ Frequent Urination/Thirst
- ___ Weight Loss/Gain
- ___ Fatigue/Fever/Dizziness
- ___ Thyroid Condition

Skin & Integument

- ___ Skin Disorders
- ___ Open Wounds
- ___ Dryness
- ___ Rash
- ___ Itching
- ___ Psoriasis
- ___ Eczema
- ___ Athlete's Foot
- ___ Skin Cancer _____
- ___ Other _____
- ___ Nail Disorders
- ___ Fungal/Thick Nails
- ___ Ingrown Toenail
- ___ Infection
- ___ Prior Nail Surgery
- ___ Prior Prescriptions/Topicals

Reviewed/Updated _____
Reviewed/Updated _____
Reviewed/Updated _____

Cardiac & Neuro-Vascular

- ___ / ___ Usual BP
- ___ Hypertension
- ___ High Cholesterol
- ___ Heart Attack/ MI
- ___ Stroke/ CVA
- ___ Congestive Heart Failure
- ___ Heart Condition
- ___ Chest Pain
- ___ Arrythmia/Irregular beat
- ___ Murmurs/ MVP
- ___ Other _____
- ___ Anemia
- ___ Blood Disorders
- ___ Phlebitis/Blood Clots
- ___ Raynaud's Phenomenon
- ___ Rest pain in legs/feet
- ___ Leg Cramps (Night/Walking)
- ___ Slow Wound Healing
- ___ Bruises easily
- ___ Swelling/Edema
- ___ Cold feet
- ___ Neuropathy
- ___ Feet Burning/numbness/tingling
- ___ Sensory problems

General Info

- ___ Shoe Size ___ Ht ___ Wt
- ___ Job or Daily Activity
- ___ Shoe Type
- ___ Recreational Activity
- ___ Shoe Type
- ___ Smoke _____ Date Quit
- ___ Alcohol Use(None/Social/Daily)
- ___ Other Medical Hx: _____

Musculoskeletal

- ___ Arthritis
- ___ Osteo
- ___ Rheumatoid
- ___ Other _____
- ___ Joint Pain
- ___ Back/Hip/Knee
- ___ Ankle/Foot
- ___ Sciatica/Scoliosis
- ___ Fractures/Dislocations
- ___ Back/Hip/Knee/Leg
- ___ Ankle/Foot
- ___ Other Injury/Serious Sprains
- ___ Ankle/Foot
- ___ Osteoporosis/Osteopenia
- ___ Loss of balance/Unstable gait
- ___ Gout
- ___ Polio/MS/Other _____
- ___ Prior Orthotics

Miscellaneous

- ___ Hepatitis (A B C ?) Year _____
- ___ Mononucleosis Year _____
- ___ Liver Problem/Cirrhosis
- ___ Kidney Disease/Stones
- ___ Urinary Disorders/Infection
- ___ GI Problems w/Rx
- ___ Gastritis/Hiatal Hernia
- ___ Stomach/GI Ulcer
- ___ Diverticulitis/Colitis
- ___ Asthma
- ___ Breathing/Lung Problems
- ___ Pneumonia/Severe bronchitis
- ___ Cancer _____
- ___ Seizures
- ___ Anxiety/Depression
- ___ Severe vision problems
- ___ Abnormal Labs