South Coast Foot and Ankle Associates

Steve M. Eng, DPM **Michael H. Simons, DPM**

MEDICAL HISTORY

My foot problem is: ____how long?__________

____

Prior or self-treatment for this problem: ____

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MEDICAL HISTORY **Circle any condition YOU currently have or have had:**			
Anemia	Ear/hearing problem	HIV (AIDS)	Nerve Pain
Asthma	Epilepsy	Kidney/Urine problems	Phlebitis
Arthritis	Fever	Leg Cramps	Poor Vision/Eye problems
Allergies (seasonal)	Gout	Liver problem	Sickle Cell Anemia
Artificial Joints	Heart problems	Low Back problems	Stomach Ulcers/ problems
Bleeder	Heart Valve Implant	Mental/Emotional problems	Stroke
Chest pains	Hepatitis	Muscle Pain	Tuberculosis
Cancer	High Blood Pressure	Neurological/Muscular problems	Unequal Leg Length
Diabetes YES NO			Varicose Veins
Insulin? YES NO			

If DIABETIC, doctor treating diabetes:

*Dr. Name*________________________________ *Phone #*____________________ *Last date seen*________________

MEDICATIONS **List any prescriptions, over-the-counter, and vitamins**	

ALLERGIES **List any allergies (ex: penicillin, tape, etc..)**	

ADDITIONAL HISTORY

Do you smoke? Yes No	If yes, amount:	List any surgeries/hospitalization in last 5 years
Do you drink alcohol? Yes No	If yes, amount:	
What is your Height:_______ Weight:_________ Shoe size:_________		
Name of Family Doctor:		
Dr. phone number:	Last date seen:	

Circle YES or NO to report your **FAMILY HISTORY** (blood relatives)

	RELATIVE:		**RELATIVE:**
Diabetes YES NO		Flat Feet YES NO	
Cancer YES NO		Tuberculosis YES NO	
Bleeder YES NO		High Blood Pressure YES NO	
Hepatitis YES NO		HIV (AIDS) YES NO	
Bunions YES NO		Heart Problem/Stroke YES NO	
Hammertoes YES NO		Circulation Problem Leg/Feet YES NO	

TREATMENT CONSENT

I hereby consent and give my permission to the doctor (and the doctor's assistants or designated replacement) to administer and perform such procedures upon me, as the doctor deems necessary.

______________________________________ ______________________

Signature of Patient, Parent, Guardian, or Personal Representative Date

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Please Print above Signature