

## FOOT SPECIALISTS OF CEDAR PARK & GEORGETOWN MEDICAL HISTORY

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*Thank you for choosing Foot Specialists of Cedar Park & Georgetown to care for your foot care needs. Please take a moment to complete this Medical History form. Thank You!*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe your present foot problems: \_\_\_\_\_  
\_\_\_\_\_

How long have you had this problem? \_\_\_\_ Days, \_\_\_\_ Weeks, \_\_\_\_ Months, \_\_\_\_ Years

Have you had previous treatment for this problem? \_\_\_\_ Yes \_\_\_\_ No

If yes, by whom and when: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Last Visit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check Yes or No to indicate if you have any of the following:

	Y	N		Y	N		Y	N		Y	N
Aids/HIV			Circulatory problems			Hepatitis			Radiation treatment		
Allergies to anesthetics			Depression			High blood pressure			Respiratory disease		
Anemia			Diabetes			Jaundice			Rheumatic fever		
Angina			Dialysis			Kidney problems			Rheumatoid arthritis		
Arthritis			Ear problems			Liver disease			Sinus problems		
Artificial heart valves			Epilepsy			Low blood pressure			Skin cancer		
Artificial joints			Eye problems			Nervous problems			Stroke		
Asthma			Fainting			Neuropathy			Swollen neck glands		
Back problems			Glaucoma			Osteoporosis			Thyroid problems		
Bleeding disorders			Gout			Phlebitis			Tuberculosis		
Cancer, _____			Heart attack			Pneumonia			Ulcers		
Cataracts			Heart disease			Prostate problems			Varicose veins		
Chemical dependency			Heart surgery			Psoriasis			Venereal disease		
Chronic diarrhea			Hemophilia			Psychiatric care			Other, _____		

**Previous Surgeries:** (Please list **all** prior surgeries and dates.)

\_\_\_\_\_  
\_\_\_\_\_

**Previous Hospitalizations:** (Please list reason/dates for hospitalizations other than for above surgeries.)

\_\_\_\_\_  
\_\_\_\_\_

**Medications:** (Please list **all** current medications including over-the-counter medications and oral contraceptives.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Family Medical History:** (Please list any significant family history.)

\_\_\_\_\_  
\_\_\_\_\_