

**-SURGICAL HISTORY:** Have you ever had: (*please circle answer & give (approximate dates)*) - NONE

**\*\*Problems with General Anesthesia:** Yes / No - If yes please explain: \_\_\_\_\_

\*Artificial joint replacement? Hip: Right / Left Knee: Right / Left

\* Vascular repair of legs \*Heart valve replacement \* Foot/Ankle: \_\_\_\_\_

**\*Other Surgeries:** \_\_\_\_\_

**-FAMILY HISTORY:**

Mother: Living \_\_\_\_\_ Deceased \_\_\_\_\_ Cause of Death \_\_\_\_\_

Father: Living \_\_\_\_\_ Deceased \_\_\_\_\_ Cause of Death \_\_\_\_\_

**\*Is there a family history of: (\*\*please indicate who in family\*\*)**

Arthritis:\_\_\_ Asthma:\_\_\_ Bleeding disorder:\_\_\_ Bunion:\_\_\_ Circulation problems in legs or feet:\_\_\_ Diabetes:\_\_\_

Flatfeet:\_\_\_ Hammertoes:\_\_\_ Heart disease:\_\_\_ High Arched Feet:\_\_\_ Neurological disorder:\_\_\_ Stroke:\_\_\_

**-SOCIAL HISTORY:**

\*Occupation:\_\_\_\_\_ Employer:\_\_\_\_\_

➤ Full Time  Part Time  Retired  Not working  Disabled due to:\_\_\_\_\_

▪ Sits at job  Stands and walks at job  Stands at job

\*Currently going to School: Elementary School Middle School High School College: Full time vs. Part time

\*Do you Smoke? **No / Yes** \*Do you use recreational drugs? **No / Yes** - If yes what do you use:\_\_\_\_\_

\*Do you drink alcohol / beer? **No / Yes** -If yes: \_\_\_#drinks per: Day Week Month Year or Socially

**-CURRENT HEALTH STATUS:** Do you now or have you had within the past year: (*please circle*) - NONE

**General:** Change in appetite Chills Fatigue Fevers Night Sweats Weight change : gain or loss

**Chest:** Chest Pain High blood pressure Chronic Cough Edema Irregular Heart Beat Murmur Palpitations

Shortness of Breath

**Head/Neck:** Blurred Vision Concussion Difficulty Speaking Glaucoma Gum Disease Headaches Hoarseness

Loss of Hearing Loss of Vision Nose Bleeds Ringing in Ears Seizures Stiff Neck Swollen Glands

Trouble Swallowing

**Abdomen:** Nausea Vomiting Abdominal Pain Blood in Urine Bloody Stools Burning upon Urination

Constipation Diarrhea Heart Burn Stomach Cramps

**Musculo-Skeletal:** Limitation of motion Muscle cramps Joint Stiffness Arthritis Gout Joint pain

Leg Cramps with Walking Muscle Pain/Weakness Swelling Trembling Hands Wounds that will not Heal

**Neuro-Psych:** Numbness Memory loss Abnormal gait Anxiety Depression Dizziness Loss of Balance Paralysis

Temperature change in feet or legs Tingling Tremors Unusual sensation in feet or legs Weakness