patient information

What is the reason for your visit today? ________________________________________

How long has this bothered you? _______ days _______ weeks _______ months _______ years

medical history

☐ Yes ☐ No Have you had any past problems with your feet or ankles?
If yes, please describe ___________________________________________________________

Shoe size__________ Height__________ Weight__________

Are you allergic or sensitive to
☐ Penicillin ☐ Sulfur ☐ Tape ☐ Latex ☐ Betadine (iodine) ☐ Aspirin ☐ NONE
☐ Tylenol™ ☐ Ibuprofen ☐ Vicodin ☐ Codeine ☐ Other (specify) __________________

Please indicate if you have a problem with any of the following

☐ Alcoholism ☐ Breathing disorders ☐ Gout ☐ Liver ☐ Sleep apnea
☐ Allergies ☐ Circulation problems ☐ Heart disease ☐ Musculoskeletal ☐ Stomach/bowel
☐ Arthritis (specify) ☐ Depression/anxiety/mental illness ☐ Heart murmur ☐ Neurological (specify) ☐ Thyroid (specify)
☐ Asthma ☐ Blood clot/DVT/PE ☐ High blood pressure ☐ Skin disorders (specify) ☐ Other (specify) __________________________

☐ Yes ☐ No Are you pregnant? ☐ Yes ☐ No Are you nursing?

☐ Yes ☐ No Have you ever had any surgical procedures on foot/ankle or anywhere else on your body?
If yes, please describe __________________________________________________________

☐ Yes ☐ No Do you have any artificial joints? Where? _________________________________

☐ Yes ☐ No Do you have an artificial heart valve? _________________________________

family history

Is there any family history (blood relative) of
Please indicate
☐ Arthritis _______Type______ ☐ Cancer _______Type______ ☐ Flatfeet _________________ ☐ Neurological___________
☐ Bleeding disorders_________ ☐ Circulation problems _______ ☐ Hammer toes _______________ ☐ Strokes _____
☐ Blood clot/DVT/PE _______ ☐ Diabetes _________________ ☐ Heart disease _________________ ☐ Other (specify)__________
☐ Bunions __________________

How did you find out about DuPage Medical Group Podiatry?
☐ Physician referral Dr.____________________ ☐ Internet ☐ Telephone book ☐ Family member ☐ Friend ☐ Other________________

Visit us at dmgpodiatry.com
### Social History

- **Marital Status:**
  - □ Single
  - □ Married
  - □ Widowed
  - □ Divorced

- **Do you smoke?**
  - □ Yes  □ No
  - If yes: □ 1/2 ppd  □ 1 ppd  □ 1 1/2 ppd  □ 2 ppd

- **Did you smoke in the past?**
  - □ Yes  □ No
  - How many years did you smoke? ____________________________

- **Do you drink alcohol?**
  - □ Yes  □ No
  - If yes: □ Socially  □ 1 daily  □ 2 daily  □ >2 daily

- **Occupation or grade in school:** ____________________________

- **Do you stand or sit at work?** ____________________________

- **What athletic activities do you participate in?** ____________________________

### Foot Information (Physician Use Only)

- **Constitution**
  - □ WD
  - □ WNL
  - □ Malnutrition
  - □ Obese
  - □ Poor hygiene

- **Gait**
  - □ Normal
  - □ Antalgic
  - □ Apropulsive
  - □ Prolonged DLS
  - □ Other ____________________________

### Sensory Evaluation

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<th>Achilles reflex</th>
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### Vascular Evaluation

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### Skin (Check All That Apply)

- □ Atrophic
- □ Cold
- □ Color changes
- □ Hair growth
- □ Normal
- □ Pre-ulcerative
- □ Ulceration
- □ Warm

### Ulcer/Lesion Description (Mark Location & Size)

- □ X-ray findings (see progress note or x-ray report)

### Musculoskeletal

- **Subluxation of**
  - □ 1st MPJ *(hallux valgus)*, 2nd, 3rd, 4th, 5th MPJ
  - □ 1st PIPJ *(b interphal)*, 2nd, 3rd, 4th, 5th PIPJ *(HDS)*

- **Pain**
  - □ Pain free with range of motion of digits: 1, 2, 3, 4, 5

- **Muscle strength**
  - □ 5/dorsiflex
  - □ 5/plantar
  - □ 5/abduct
  - □ 5/pronator

- **High arch**
- □ Low arch
- □ Normal arch

### Additional Findings/Diagnosis

- □ X-ray findings (see progress note or x-ray report)