Da Vinci Foot & Ankle Da Vinci Account #: _____ Birth Date: _____ Age: _____

# Patient Medical History 2.11.20

Preferred Name: _____ First Name: _____ Middle Name: _____ Last Name: _____

Height: _____ Weight: _____ Shoe Size: _____ ☐ Male ☐ Female Last Flu Shot: _____ Last Pneumococcal Shot: _____

**Primary Care Physician**: _____ **Date Last Seen**: _____ **Pharmacy & Number**: _____

**My Primary Foot | Ankle problem is**: ☐ Right ☐ Left ☐ Both **Is Your Issue Work Related?** ☐ Yes ☐ No

| | | | | | |
|---|---|---|---|---|---|
| ☐ Achilles Tendon Pain | ☐ Callus(es) \| Corn(s) | ☐ Flat Feet | ☐ Great Toe Pain | ☐ Neuroma | ☐ Toenail(s) Painful |
| ☐ Ankle Pain | ☐ Charcot | ☐ Foot Pain | ☐ Hammertoe(s) | ☐ Neuropathy | ☐ Toenail: Abnormality |
| ☐ Ankle Sprain | ☐ Diabetic Exam | ☐ Foot Sprain | ☐ Heel Pain | ☐ Skin Infection | ☐ Toenail: Fungus |
| ☐ Arch Pain | ☐ Discolored Lesion(s) | ☐ Foot Ulcer | ☐ Infection | ☐ Skin Peeling \| Rash | ☐ Toenail: Ingrown |
| ☐ Ball of Foot Pain | ☐ Drop Foot \| Weakness | ☐ Foreign Object | ☐ Insect Bite | ☐ Stepped on Object | ☐ Twisted Ankle \| Foot |
| ☐ Balance Problems | ☐ Dropped Object on Foot | ☐ Fracture | ☐ Lump \| Mass | ☐ Stubbed Toe \| Foot | ☐ Wart(s) |
| ☐ Bunion Pain | ☐ Dry Skin | ☐ Gout Flare Up | ☐ Nerve Pain | ☐ Swelling | ☐ Wound(s) |

**Medical History:** ☐ NONE

| | | |
|---|---|---|
| ☐ Anemia | ☐ Heart Attack | ☐ Liver Disease |
| ☐ Arthritis- Osteo | ☐ Heart Disease | ☐ Lung \| Respiratory Disorders |
| ☐ Arthritis- Rheumatoid | ☐ Heart Failure | ☐ Nerve Disorders \|Neuropathy |
| ☐ Arthritis- Other | ☐ Hepatitis | ☐ Neurological Disorders |
| ☐ Cancer | ☐ High Blood Pressure | ☐ Parkinson's Disease |
| ☐ Diabetes | ☐ High Cholesterol | ☐ Prostate Disorder |
| ☐ Epilepsy | ☐ HIV \| AIDS | ☐ Stroke |
| ☐ Fibromyalgia | ☐ Kidney Disease | ☐ Thyroid Disorders |

**Healing Risk Factors:** ☐ NONE

| | |
|---|---|
| ☐ Autoimmune Disorders | ☐ Peripheral Arterial Disease |
| ☐ Bleeding Disorders | ☐ Phlebitis |
| ☐ Blood Clot \| DVT History | ☐ Raynaud's Syndrome \| Phenomenon |
| ☐ Blood Thinners | ☐ Sickle Cell Disease |
| ☐ Cramps (Repetitive) | ☐ Sjogren's Syndrome |
| ☐ Lupus | ☐ Vasculitis |

☐ Other: _____

**Pregnant | Breastfeeding?** ☐ Yes ☐ No

**Medications**: ***Please include dosage or provide a list*** ☐ NONE

List all Medications | Herbs | Vitamins: _____

_____

**Allergies**: ☐ NONE **Have you ever had Anaphylaxis | Swelling | Itching | Hives from any of the following?**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ Adhesives \| Tape | ☐ Anesthesia | ☐ Aspirin | ☐ Benadryl | ☐ Codeine | ☐ Eggs | ☐ Epinephrine | ☐ Jewelry \| Metal \| Nickel |
| ☐ Latex \| Bananas | ☐ Lidocaine | ☐ Morphine | ☐ Penicillin | ☐ Shellfish \| Iodine | | ☐ Sulfa Drugs | ☐ X-ray \| Contrast Dy |

**Surgical History**: ☐ NONE

| | | |
|---|---|---|
| ☐ Abdominal Surgery | ☐ Cholecystectomy (Gallblad.) | ☐ Prostate Surgery |
| ☐ Amputation Leg \| Foot \| Toe | ☐ Heart Catherization | ☐ Shoulder Surgery |
| ☐ Appendectomy | ☐ Heart Surgery \| Bypass | ☐ Transplant: Kidney |
| ☐ Back \| Spinal Surgery | ☐ Hemorrhoidectomy | ☐ Transplant: Liver |
| ☐ Breast: Augmentation \| Reduct. | ☐ Hernia Repair | ☐ Tonsillectomy |
| ☐ Breast: Biopsy \| Lump. \| Masect. | ☐ Hysterectomy | ☐ Tubal Ligation |
| ☐ Dilation & Curettage (D&C) | ☐ Infection \| Abscess | ☐ Replacement: Ankle |
| ☐ Eye Surgery \| Cataracts | ☐ Knee Ligament(s) Repair | ☐ Replacement: Hip \| Knee |
| ☐ Caesarean Section | ☐ Knee Scope | ☐ Vascular Stents \| Vein Removal |

**Trauma Surgery:** ☐ NONE

| | |
|---|---|
| ☐ Fracture: Ankle ☐ L ☐ R | ☐ Fracture: Foot ☐ L ☐ R |
| ☐ Fracture: Arm \| Back | ☐ Fracture: Hip \| Leg |
| ☐ Laceration: Ankle | ☐ Laceration: Foot |
| ☐ Laceration: Arm \| Back | ☐ Laceration: Hip \| Leg |
| ☐ Tendon: Ankle ☐ L ☐ R | ☐ Tendon: Foot ☐ L ☐ R |
| ☐ Tendon: Arm \| Back | ☐ Tendon: Hip \| Leg |

☐ Other: _____

**Have you had any Foot | Ankle surgeries?** ☐ No ☐ Yes: _____

**Family History:** ☐ NONE

| | | |
|---|---|---|
| ☐ Anemia | ☐ Heart Attack | ☐ Lung \| Respiratory Disorders |
| ☐ Arthritis- Osteo | ☐ Heart Disease | ☐ Multiple Sclerosis |
| ☐ Arthritis- Rheumatoid | ☐ Heart Failure | ☐ Nerve Disorders \|Neuropathy |
| ☐ Arthritis- Other | ☐ High Blood Pressure | ☐ Neurological Disorders |
| ☐ Cancer | ☐ High Cholesterol | ☐ Parkinson's Disease |
| ☐ Cerebral Palsy | ☐ HIV \| AIDS | ☐ Prostate Disorder |
| ☐ Charco Marie Tooth | ☐ Kidney Disease | ☐ Stroke \| TIA |
| ☐ Diabetes | ☐ Liver Disease | ☐ Thyroid Disorders |

**Social History:**

| | |
|---|---|
| ☐ Divorced | ☐ Alcohol Use |
| ☐ Married | ☐ Caffeine Use |
| ☐ Partnered | ☐ Exercise Regularly |
| ☐ Separated | ☐ Tobacco Use |
| ☐ Single | ☐ History of Tobacco Use |
| ☐ Widowed | |

☐ Other: _____

**Review of Systems:** ☐ NONE

**Skin**
- ☐ Athlete's Feet (Fungal Infection)
- ☐ Calluses | Corns
- ☐ Dry | Cracked | Scaly Skin
- ☐ Psoriasis
- ☐ Carcinoma: Basal Cell
- ☐ Carcinoma: Squamous Cell
- ☐ Malignant Melanoma
- ☐ History of Foot Ulcer
- ☐ History of Ganglion Cyst
- ☐ History of Ingrown Toenail
- ☐ History of Toenail Fungus
- ☐ History of Ankle | Foot Burn

**Musculoskeletal**
- ☐ Back Pain
- ☐ Knee Pain
- ☐ Leg Pain
- ☐ Leg Muscle | Tendon Injury
- ☐ Limb Length Discrepancy
- ☐ History of Charcot
- ☐ History Ankle Fracture
- ☐ History Foot Fracture
- ☐ Painful Ankle Implants
- ☐ Painful Foot Implants
- ☐ Polio
- ☐ Sciatic Pain

**Neurological**
- ☐ Dizzy Spells
- ☐ Balance Instability
- ☐ Falls History | Risk of Falls
- ☐ Cerebral Palsy
- ☐ Charcot Marie Tooth
- ☐ Drop Foot
- ☐ Multiple Sclerosis
- ☐ Burning | Numbness
- ☐ Sensation of Tingling
- ☐ Shingles
- ☐ Paralysis: Hemiplegic
- ☐ Paraplegic | Quadriplegic

**Eyes**
- ☐ Blurred Vision
- ☐ Loss of Vision
- ☐ Legally Blind
- ☐ Glasses

**Respiratory**
- ☐ Asthma
- ☐ COPD
- ☐ Emphysema
- ☐ Sleep Apnea

**Gastrointestinal**
- ☐ Crohn's Disease
- ☐ GERD (Reflux)
- ☐ Ulcerative Colitis

**Cardiovascular**
- ☐ A-Fib
- ☐ Murmur
- ☐ Pacemaker
- ☐ Varicose Veins
- ☐ Mitral Valve Prolapse

**Psychiatric**
- ☐ Anxiety
- ☐ Bipolar Disorder
- ☐ Schizophrenia
- ☐ Stress Disorder

**Genitourinary**
- ☐ Kidney Dialysis
- ☐ Kidney Failure
- ☐ Kidney Stones
- ☐ Kidney Transplant
- ☐ Gout

**I hereby authorize the physicians and their assistants of Da Vinci Foot and Ankle to administer treatment as deemed necessary.**

_____ _____

Signature of Patient | Responsible Party Date