Hunterdon Health

Hunterdon Podiatric Medicine
908-788-6449 (w) / 908-788-6668 (f)

Medical History Form

Name:_______________________________________ Age:________ DOB:____________

Height: ____________ Weight: __________ Shoe Size: ________

History Of Present Illness

- What is your specific foot/ankle problem?________________
____
____
- When did the problem begin? ______________________
- How was the problem onset? ☐Sudden ☐Gradual
- The problem is: ☐ Improving ☐Worsening ☐Unchanged
- What aggravates the problem?______________________
____
____
- Which foot/ankle is involved? ☐ Right ☐Left ☐Both

- Is this from an injury? ☐Yes ☐No
  → Work Related ☐Yes ☐No
- The problem is worst: ☐AM ☐PM ☐@ Rest ☐W/ Activity
- What improves the problem?________________________
____
- Past treatment for this problem? ☐yes ☐no
- If yes, what was done (doctor or self-treatment)?___________
____
____
- Have you had a similar problem in the past? ☐yes ☐no

SOCIAL HISTORY

- Occupation: ____________________
- Marital Status: ☐Single ☐Married
  ☐Widowed ☐Divorced ☐Separated
- Alcohol Intake: Do you drink?
  YES NO
  ☐Weekly (________) ☐Daily (________)
  What do you drink: ________________
- Tobacco Usage: Do you smoke?
  NO YES → Packs/Day
  _________Years:________
  → When Quit? _______
- Drug Use:☐I use drugs that are illegal
  (_______________)

Please List ALLERGIES

____
____
____
____

Diabetes Type 1 / 2
Diabetic Physician:______________
Duration: _____ years
Last Blood Sugar:_____ A1c: _____

MEDICATIONS (include Rx meds, OTC meds, & vitamins)

Medication	Dosage	Medication	Dosage

•**Pharm. (Name/Add./Phone)**:____

Please List PAST MEDICAL HISTORY

____
____
____
____

Please List FAMILY HISTORY

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____
____
____