Dallas Podiatry Works

Medical History

Patient Name: _____ Age: _____ Height: _____ Weight: _____ Shoe Size _____
Is this a work related injury?_____Yes _____No Car Accident _____Yes _____No
Current Foot or Ankle problem: _____
_____
When did the problem start? _____
What has been done to treat the problem? _____

Primary Physician (first and last name): _____phone #_____

Date last seen: _____

Other Physicians:_____

ALLERGIES and DRUG REACTIONS. (penicillin, novocaine, tape, foods, etc.)
1)_____3)_____
2)_____4)_____
MEDICATIONS. (List all medications with dosages)
1)_____5)_____
2)_____6)_____
3)_____7)_____
4)_____8)_____

MEDICAL HISTORY-Please check positive responses to your personal medical history. Examples in ( )

- ☐ Accident/Injuries
- ☐ Arthritis (RA,OA)
- ☐ Blood (sickle cell/anemia)
- ☐ Cancer
- ☐ Diabetes
- ☐ Digestive (reflux, Crohns, etc.)
- ☐ Ears/Nose/Throat
- ☐ Eyes (glaucoma)
- ☐ Gout
- ☐ Heart Disease/Attack/Pacemaker
- ☐ High Blood Pressure
- ☐ Immune Disease (HIV)
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Lungs
- ☐ Nerves (neuropathy)
- ☐ OB/GYN
- ☐ Orthopedics (artificial joints)
- ☐ Psych (depression/Alzheimer's)
- ☐ Seizures / Epilepsy
- ☐ Skin (psoriasis,eczema,etc)
- ☐ Stroke
- ☐ Thyroid or other endocrine
- ☐ Vascular / Circulatory
- ☐ Other

Please explain any positive responses above: (ie. hepatitis for liver disease.)
_____
_____ _____
_____
_____

PAST SURGICAL HISTORY (procedure, year and any complications)
1)_____5)_____
2)_____6)_____
3)_____7)_____
4)_____8)_____
FAMILY HISTORY (diabetes, heart disease, gout, cancer, foot problems or other):
_____
_____
_____

SOCIAL HISTORY
Occupation: _____ Tobacco: If yes, how much?_____
Alcohol: If yes, how much? _____Illicit drugs: If yes, how much?_____
IMMUNIZATIONS: Last Tetanus:_____

Whom may we thank for referring you to our office? _____

I hereby give Dallas Podiatry Works, PA, permission to diagnose and administer treatment for my foot or ankle condition and authorize any release of information obtained in the course of my treatment.

Signed: _____ Date: _____