Dallas PODIATRY Works
Part of StrideCare

Past Medical History

Patient Name: _____ Date of Birth: _____ Date: _____

Please check all diseases and conditions that apply.

- ☐ Accidents/Injuries
- ☐ Rheumatoid Arthritis
- ☐ Osteoarthritis
- ☐ Lupus
- ☐ Blood Clot(s)
- ☐ Deep Vein Thrombosis (DVT)
- ☐ Anemia
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Peripheral Arterial Disease (PAD)
- ☐ Peripheral Vascular Disease (PVD)
- ☐ Venous Insufficiency
- ☐ Lymphedema
- ☐ Atrial Fibrillation
- ☐ CHF
- ☐ Coronary Artery Disease (CAD)
- ☐ Heart Attack (MI)
- ☐ Pacemaker
- ☐ Diabetes
- ☐ GERD
- ☐ Ear/Nose/Throat Issues
- ☐ Glaucoma
- ☐ Macular Degeneration
- ☐ Gout
- ☐ High Blood Pressure
- ☐ HIV or AIDS
- ☐ Dialysis
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Asthma
- ☐ COPD
- ☐ Tuberculosis
- ☐ Currently Pregnant
- ☐ Artificial Joint(s)
- ☐ Osteoporosis
- ☐ Osteopenia
- ☐ Epilepsy
- ☐ Neuropathy
- ☐ Seizures
- ☐ ADD/ADHD
- ☐ Alzheimer's
- ☐ Anxiety
- ☐ Bipolar
- ☐ Dementia
- ☐ Depression
- ☐ Athlete's Foot
- ☐ Eczema
- ☐ Nails
- ☐ Psoriasis
- ☐ Stroke
- ☐ TIA
- ☐ Thyroid Disease
- ☐ Kidney Disease
- ☐ Endocrine Disorder