FOUNDATION
FOOT + ANKLE

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CIRCLE any of the following conditions you CURRENTLY HAVE OR HAD PREVIOUSLY:

AIDS/HIV	Dialysis	Lung Disease
Anemia	Dyslipidemia	Migraines
Anxiety	Edema	Organ Transplant
Depression	Fibromyalgia	Osteoporosis
Arthritis	Foot Deformity	Pacemaker
Artificial Joints	Frostbite	Parkinson's Disease
Which joint:_____	Gout	Peripheral Vascular Disease
Asthma	Headaches	Polio
Back Pain	Heart Attack (MI)	Pulmonary Embolism
Bleeding Disorder	Heart Disease	Raynaud's Disease
Blood Clot	Heart Problems	Restless Leg Syndrome
Blood Transfusion	Hepatitis *A / B / C*	Rheumatoid Arthritis
COPD	Hernia *Type: Inguinal, Hiatal,*	Seizures/Epilepsy
Cancer	*Umbilical*	Stroke
Cancer Type:_____	High Cholesterol	Substance Abuse
Coronary Artery Disease	Hypertension	Thyroid Problems
Deep Vein Thrombosis	Kidney Disease	Tuberculosis
Dementia/ Alzheimer's	Diabetic Leg/ Foot Ulcers	Varicose Veins
Type 2 Diabetes	Liver Disease	
Last A1C #: _____		
Type 1 Diabetes		

Do you CURRENTLY have any of the following symptoms?

Chest pain: Y / N
Abdominal Pain: Y / N
Back Pain: Y / N
Do you wear glasses or contacts: Y / N
Are you currently on Hospice: Y / N

Have you had any imaging/X-rays of your CURRENT foot/ankle complaint?
Y / N **Facility**: _____

Allergies to medications?_____

_____

What medications are you currently taking?

_____

_____