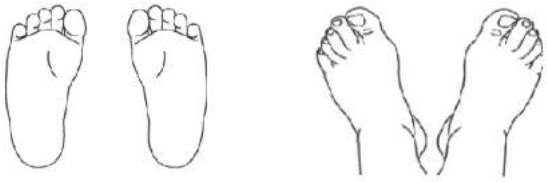
Department of Foot & Ankle Surgery
CHRISTIE CLINIC

Where is your pain?



NEW PATIENT FORM

We want to thank you for choosing to be seen in the Department of Podiatric Medicine. To better serve you, would you take time to fill out the following information? Thank you!

WHICH DOCTOR OR CLINIC IS REFERRING YOU: _____

Please describe your main problem today: _____

Pain is: ☐ Burning ☐ Sharp ☐ Throbbing ☐ Dull ☐ Aching

Pain severity (circle one): 1 2 3 4 5 6 7 8 9 10 (1=slight 10= most severe)

What makes the problem worse? _____

What makes the problem better? _____

If any injury, what caused the injury? Date _____

Have you had any previous treatment? _____

Social History

Age: _____ Height: _____' _____" Weight: _____ Shoe Size: _____

Do you smoke? ☐ No ☐ Yes (pkg/day) _____

Occupation: _____

Marital status: ☐ Single ☐ Married ☐ Widow Are you pregnant? ☐ Y ☐ N

Do you use: ☐ Alcohol ☐ Coffee ☐ Other: _____

Past Medical History

Place an X in the blocks that apply to you.

☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ Stroke ☐ High blood pressure ☐ IBS ☐ Bleeding disorder

☐ Arthritis ☐ Sickle Cell Anemia ☐ Hepatitis ☐ Thyroid Disorder ☐ High Cholesterol ☐ Blood Clot

☐ Fibromyalgia ☐ Depression ☐ Psoriasis

Other: _____

Allergies: _____

Past Surgical History: (Type and date): _____

Family Medical History

Does any member of your immediate family have any of the following?

☐ Diabetes ☐ Stroke ☐ Heart Disease ☐ High blood pressure ☐ Bleeding disorder

☐ Problem with anesthesia ☐ Cancer ☐ Other: _____

Review of Systems

Place an X in the blocks that apply to you.

Constitutional: ☐ Fever ☐ Fatigue ☐ Night sweats ☐ Anxiety

Nervous: ☐ Numbness ☐ Headaches ☐ Spine disease ☐ Paralysis ☐ Dizziness ☐ Seizures

☐ Confusion ☐ Muscle jerking ☐ Weakness

Cardiovascular: ☐ Chest pain ☐ Rapid heartbeat ☐ Varicose Veins ☐ Feet swelling ☐ Heart problems

☐ Leg pain with walking ☐ Shortness of breath

Integumentary: ☐ Itching ☐ Ulcerations ☐ Moles ☐ Discolorations ☐ Skin rash ☐ Skin cancer

☐ Deformed nails ☐ Other: _____

Musculoskeletal: ☐ Stiffness ☐ Fractures ☐ Sprains ☐ Sciatica ☐ Bunion ☐ Hammertoes

☐ Heel spur ☐ Knee pain ☐ Low back pain ☐ Long leg ☐ Shin splints

☐ Corrective shoes as a child ☐ Clubfoot

Hematological: ☐ Anemia ☐ Take Coumadin/Aspirin/Plavix

Gastrointestinal: ☐ Nausea/vomiting ☐ Constipation ☐ Diarrhea ☐ Heartburn ☐ Stomach ulcers

☐ Rectal bleeding ☐ Abdominal pain ☐ Change in bowel habits

FOR PHYSICIAN USE ONLY:

PCP: _____ LAST VISIT: _____

MEDICATIONS: _____

_____

_____

_____

_____

OTHER: _____

_____

_____