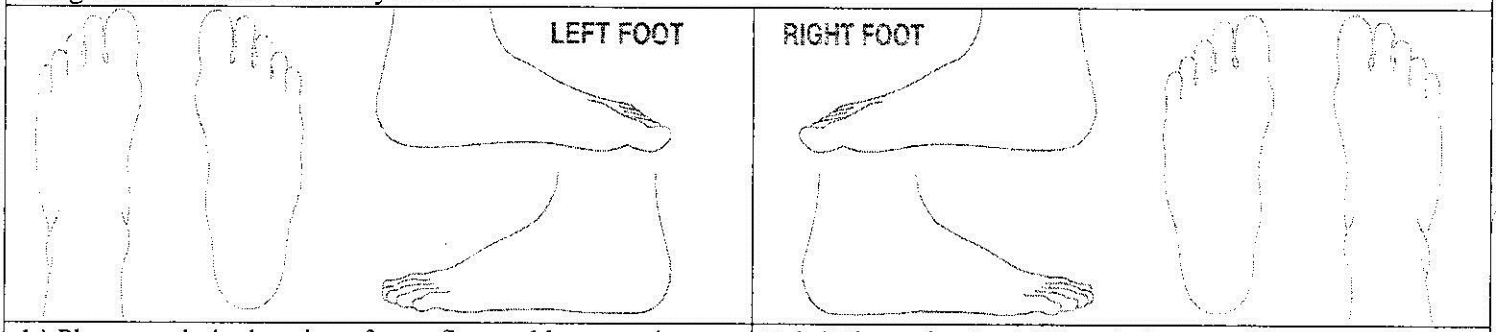
Steven A. Rothstein D.P.M.

Patient's Current Medical Problems

Describe 1 or 2 main problems in greater detail below & mark on the diagrams below the areas where you have each problem using numbers 1 & 2 to identify them.



1.) Please mark the location of your first problem or pain on the diagrams above with a number 1. Describe your problem below and its cause if you know. Please describe associated pain to the right._____>>>

My first problem is:
☐On Left foot ☐On Right foot☐ On Both feet

Is this problem work related? ☐Yes ☐No

Date of injury: / / Date of report to employer: / /

Pain/ Discomfort is:
☐Shooting Pain
☐Throbbing Pain
☐Sharp Pain
☐Burning Pain
☐Itching
☐Aching Pain
☐Tenderness
☐Dull Pain
☐Tingling
☐Numbness

My Pain / Discomfort began_____

It occurs when:_____

_____

Previous medical treatment(s) or home remedies: _____

2. Please mark the location of your 2nd problem or pain on the diagrams above with a number 2. Describe your problem below and its cause if you know. Please describe associated pain to the right._____>>>

My first problem is:
☐On Left foot ☐On Right foot☐ On Both feet

Is this problem work related? ☐Yes ☐No

Date of injury: / / Date of report to employer: / /

Pain/ Discomfort is:
☐Shooting Pain
☐Throbbing Pain
☐Sharp Pain
☐Burning Pain
☐Itching
☐Aching Pain
☐Tenderness
☐Dull Pain
☐Tingling
☐Numbness

My Pain / Discomfort began_____

It occurs when: _____

_____

Previous medical treatment(s) or home remedies:_____

My Family/	Physician's Name	Phone Number	City	Date Last Seen	Referred me	I was sent or came in especially for
Primary				___/___/_____	Yes/No	2nd Opinion /Surgical eval./ Consult
Specialist				___/___/_____	Yes/No	2nd Opinion /Surgical eval./ Consult
Chiropractor				___/___/_____	Yes/No	2nd Opinion /Surgical eval./ Consult
Other Podiatrist				___/___/_____	Yes/No	2nd Opinion /Surgical eval./ Consult

I was referred by_____, a ☐ Current or Past Patient ☐ Doctor ☐ Nurse or the ☐_____Hospital

I saw your name/ad in: ☐ Insurance Co. Provider List ☐ Yellow Pages ☐ Brochure / Literature ☐ Direct Mail ☐ Just passing by.
☐ The _____Newspaper or Magazine ☐ Dr.'s Lecture ☐ Other_____

Acknowledgment of Receipt of Privacy Practices:
I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to Read if I so chose) and understood the Notice.

Patient Name (please print) | Authorized Representative/ Parent (if applicable) | Signature | Date