Alamitos - Seal Beach Podiatry Group

Medical & Podiatric History

Please complete the following information which will assist in determining an accurate diagnosis and proper course of treatment.

Patient's Name	Date of Birth	Age	Date of Last Physical Exam	By Whom

List Medical Conditions For Which You Are Currently Being Treated	Current Medications	Current Primary Care Physician & City
		Other Current Medical Specialists & City

Previous Surgeries / Hospitalizations: Year & Reason

Are You Allergic or Sensitive to:

- ☐ Novocaine
- ☐ Iodine
- ☐ Penicillin
- ☐ Other Medications
- ☐ Adhesive Tape
- ☐ Foods

Are You a Smoker? ☐ No ☐ Yes

How Many Years _____ Packs/Day _____

Do You Consume Alcohol? ☐ No ☐ Yes

Amount/Week _____

Do You Drink Coffee? ☐ No ☐ Yes

Cups/Day _____

Please check (✓) any of the following conditions you have had.

- ☐ Heart Problems
- ☐ Chest Pain
- ☐ Rheumatic Fever
- ☐ Breathing Problems
- ☐ Asthma
- ☐ Emphysema
- ☐ High Blood Pressure
- ☐ Liver Disease
- ☐ Hepatitis
- ☐ Kidney Disease
- ☐ Cirulation Problems
- ☐ Hardening of the Arteries
- ☐ Stroke
- ☐ Anemia
- ☐ Bleeding Gums
- ☐ Diabetes
- ☐ Sudden Weight Change
- ☐ Arthritis
- ☐ Gout
- ☐ Stomach Ulcers
- ☐ Fainting Spells
- ☐ Neurological Problems
- ☐ Epilepsy
- ☐ Cancer
- ☐ Polio
- ☐ Venereal Disease
- ☐ Acquired Immune Deficiency Syndrome
- ☐ Substance Abuse
- ☐ Other _____

☐ Previous Trauma or Fractures (List year and injury) _____

Family History: (If deceased list cause of death)

	Age	Health Problems
Father		
Mother		
Brothers		
Sisters		

If you have children, please complete:

Age	Sex	Health Problems

Reason for Visit

Please briefly describe your foot, ankle or leg problems. (Include which foot, R, L, or both; how long the problem has existed, and any previous treatment.

1.

2.

3.

4.