

Alamitos - Seal Beach Podiatry Group

Please check (✓) problems you have had:

Foot and Leg Conditions:

- Arch Pain
- Bone Fracture
- Bow Legs
- Bunions
- Burning
- Childhood Casting or Bracing
- Coldness
- Flat Feet
- Foot Cramps
- Hammer Toes
- Heel Pain
- High Arches
- Knee Pain
- Knocked Knees
- Leg Cramps
- Low Back Pain
- Nerve Injury
- Numbness
- Out Toeing
- In Toeing
- Pigeon Toes
- Shin Splints
- Shoe Wear Problems
- Sprains
- Stiffness
- Swelling
- Unequal Leg Length
- Varicose Veins
- Weak Ankles
- Other:

Toenail Problems:

- Brittle
- Curved
- Deformed
- Discolored
- Fungus
- Ingrown
- Thick
- Other:

Foot Skin Problems:

- Calluses
- Corns
- Cracking
- Dryness
- Excessive Perspiration
- Foot Ordor
- Fungus
- Growths
- Hard Corns
- Itching
- Moist Skin
- Soft Corns
- Shoe Wear Problems
- Bruises or Cuts as a Child
- Warts
- Other:

Do other members of your family have foot problems: (Grandparents, Parents, Siblings, Children)

How many hours are you on your feet per day?

Type of shoe usually worn at work?

Work Surface?

Do you wear

Shoe Size:

- Oxford Athletic Shoe
- Slip-on Boots
- High Heels Other:

- Carpet Outdoors
- Linoleum Uneven
- Concrete

- Prescription Orthotics
- Over-the-Counter Supports
- Other Support Devices

Total _____ Work _____

Regular Exercise Activities and Shoes Used: (Please list activity and briefly describe shoe used: Walking, Running, Aerobic Dance, Tennis, Golf, etc.)

Have you previously been treated by a podiatrist? Yes No
For what problems?

Have you ever had foot surgery? Yes No
Describe:

REMARKS:

IF YOUR CONDITION IS DUE TO AN ACCIDENT, PLEASE COMPLETE

Where Did The Accident Happen? Work Home Auto

Date of Injury:

If Injury Happened At Work, Employer's Name:

Who Did You Report It To & Phone Number?

Name Of Adjuster:

Name Of Insurance Company:

Case and/or File Number:

Address:

Phone Number: