

# HARRISBURG FOOT AND ANKLE CENTER, INC.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SHOE SIZE: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

PERSONAL HISTORY: (CIRCLE ALL THAT APPLY)

High Blood Pressure	Heart Disease/Murmur	High Cholesterol	Headaches
Bleeding Problems	Stomach Problems	Nervous Problems	Asthma
Thyroid Problems	Lung Problems	Kidney Problems	Gout
Cancer	Venereal Disease/STD	Hepatitis/Liver Problems	HIV
Stroke	Tuberculosis (TB)	Rheumatoid Arthritis	Arthritis

Diabetes: Insulin \_\_\_\_\_ Pills \_\_\_\_\_ Other: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

MEDICATION ALLERGIES: \_\_\_\_\_

PHARMACY: \_\_\_\_\_

PAST SURGICAL HISTORY: \_\_\_\_\_

SOCIAL HISTORY: Smoking/Years: \_\_\_\_\_ Alcohol/Years: \_\_\_\_\_

FAMILY HISTORY: (CIRCLE ALL THAT APPLY)

Diabetes	High Blood Pressure	Heart Disease	Cancer	High Cholesterol
Bleeding Problems	Thyroid Problems	Stroke	Gout	Asthma/Lung Problems
Arthritis				

ADDITIONAL COMMENTS: \_\_\_\_\_