

HARRISBURG FOOT AND ANKLE CENTER

NAME: _____ DATE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

REFERRED BY: _____

REASON FOR VISIT: _____

PERSONAL HISTORY: (CIRCLE ALL THAT APPLY)

- | | | |
|--------------|----------------------|-------------------|
| Cancer | High Blood Pressure | Heart Disease |
| Heart Murmur | Bleeding Problems | Stomach Problems |
| Stroke | Venereal Disease | Hepatitis |
| Asthma | Nervous Problems | Tuberculosis (TB) |
| Arthritis | Rheumatoid Arthritis | Kidney Problems |
| Headaches | Lung Problems | Gout |
| Diabetes: | Insulin _____ | Pills _____ |

Other: _____

MEDICATIONS: _____

MEDICATION ALLERGIES: _____

PAST SURGICAL HISTORY: _____

SOCIAL HISTORY: Smoking/Years: _____ Alcohol/Years: _____

FAMILY HISTORY: (CIRCLE ALL THAT APPLY)

- | | | | | |
|----------|---------------------|---------------|--------|--------|
| Diabetes | High Blood Pressure | Heart Disease | Cancer | |
| Gout | Bleeding Problems | Arthritis | Stroke | Asthma |

ADDITIONAL COMMENTS: _____