

# Patient Health Information



What is the nature of your foot problem?

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What Medicines do you take regularly?

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What Allergies do you have (e.g. medications, hay fever, etc.)?

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Do you have or have you had any of the following: (\*\* do not know)

	Y	N	**		Y	N	**
Foot or leg injuries	_____	_____	_____	High blood pressure	_____	_____	_____
Foot or leg surgery	_____	_____	_____	Polio	_____	_____	_____
Foot or leg cramps	_____	_____	_____	Bursitis	_____	_____	_____
Foot or leg numbness	_____	_____	_____	Stomach ulcers	_____	_____	_____
Knee pain	_____	_____	_____	Asthma	_____	_____	_____
Unequal leg length	_____	_____	_____	Anemia	_____	_____	_____
Weak ankles	_____	_____	_____	Gout	_____	_____	_____
Bunions	_____	_____	_____	Fainting Spells	_____	_____	_____
Foot Skin Problems	_____	_____	_____	Bleeder	_____	_____	_____
Toe Nail Problems	_____	_____	_____	Blood Disease	_____	_____	_____
Low Back Pain	_____	_____	_____	Circulation Prob.	_____	_____	_____
<b>Diabetes</b>	_____	_____	_____	Harding of arteries	_____	_____	_____
Heart Trouble	_____	_____	_____	Varicose veins	_____	_____	_____
Epilepsy	_____	_____	_____	Arthritis	_____	_____	_____
Liver Disease	_____	_____	_____	Cancer	_____	_____	_____
Kidney Disease	_____	_____	_____	Prone to infection	_____	_____	_____
Rheumatic Fever	_____	_____	_____				

*I hereby give Dr. Steven / Corina Hollander permission to examine and treat my feet.*

**Signature:** \_\_\_\_\_

*If minor, Signature:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

Legal Guardian