**Foot & Ankle Physicians & Surgeons**

**Dr. Russell | Dr. Carlson | Dr. Marlowe**

# Patient Medical History & Physical

**Patient Name:** _____ **Date of Birth**: _____ **Date Completed**: _____

**Reason for today's visit:**_____

_____

**How long has it been bothering you?** _____ **Family Physician:** _____

## Allergies

☐ *Check here if you have **no medication allergies***

**List medications you are allergic or sensitive to**:

_____ _____ _____

_____ _____ _____

## Medications

☐ *Check here if you take **no medication***

**List medications you take regularly** (use back of sheet if necessary)**:**

_____ _____ _____

_____ _____ _____

**Any problems with:** Local anesthetics (Novocain, Lidocaine)? □Yes □No / Betadine (Iodine)? □Yes □No

Medical Tape? □Yes □No / Aspirin, Ibuprofen (Advil, Motrin)? □Yes □No / Latex? □Yes □No

## Social & Medical History

**Weight**: _____ lbs. **Height**: ____ ft. ____ in. **Shoe Size**: _____

**Social History**: Alcohol Use? □Yes □No / Tobacco Use? □Yes □No □Former / Illicit Drug Use? □Yes □No

**Do you have or have you ever had:** *(please circle)* Cancer (Type: _____) / COPD / Diabetes (Type 1/Type 2 )

Heart Disease / Hepatitis A, B, or C / High Cholesterol / High Blood Pressure / Kidney Disease / Other: _____

_____

**List all surgeries you have had:** _____

_____

## REVIEW OF SYSTEMS *(to be completed by office staff only)*

Are you currently pregnant? □ Yes □ No

Findings: [✓] Normal [+] Abnormal

| | | | |
|---|---|---|---|
| General | | Abdominal | |
| Eyes | | Lymph | |
| ENT | | Genitourinary | |
| Respiratory | | Musculoskeletal | |
| Cardiovascular | | Skin | |
| Chest/Breast | | Neurological | |
| Neck | | GI | |

Details of abnormal findings

_____

_____

_____

_____

_____

_____

_____

_____ _____

*Corey Russell, DPM / Lawrence Carlson, DPM / Charles Marlowe, DPM* *Date*