Foot & Ankle
Physicians & Surgeons

Dr. Walkovich | Dr. Russell | Dr. Marlowe

Patient Medical History & Physical

Patient Name: ____________________________ **Date of Birth**: ______________ **Date Completed**: ________________

Reason for today's visit:____

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

Medications & Allergies

List medications you take regularly: □ *Check here if you take* ***no medication***

________________________________ ________________________________ ________________________________

________________________________ ________________________________ ________________________________

List medications you are allergic or sensitive to: □ *Check here if* ***no allergies***

Antibiotics (Penicillin, Sulfa, etc.) ____

Other Medicines ____

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

Height: ___________________ **Weight**: ___________________ **Shoe Size**: ___________________

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

Do you have or have you ever had: *(please circle)* Cancer / COPD / Diabetes / Heart Disease / Hepatitis A, B, or C /

High Cholesterol / High Blood Pressure / Kidney Disease / Other: ____

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List all surgeries you have had: ____

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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

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Corey B Russell, DPM / Michael J Walkovich, DPM *Date*
Charles Marlowe, DPM