Northeast Foot Care, PLLC
Dr. David Lambarski, DPM, FACFAS

Patient History

Reason for seeing doctor: ____________________

____

____

Medical History [Have you ever had any of the following?]

☐ Diabetes
☐ Cancer
☐ Irregular Heartbeat
☐ Convulsions/Epilepsy
☐ Liver Problems
☐ Stomach Problems
☐ Hypertension
☐ Gout
☐ Stroke
☐ Asthma
☐ Thyroid Disease
☐ Nerve/Muscle Disorder
☐ Arthritis
☐ Heart Attack
☐ Bleeding Problems
☐ Kidney Problems
☐ Blood Clots
☐ Other: ____________________

Review of Symptoms [Check symptoms you currently have or have had in the past year]

Genito-Urinary
☐ Blood in urine
☐ Frequent urination
☐ Lack of bladder control
☐ Painful urination

Cardiovascular
☐ Chest pain
☐ Rapid heart beat
☐ Swelling of ankles

Eye, Ear, Nose, Throat
☐ Bleeding gums
☐ Difficulty swallowing
☐ Double vision
☐ Earache
☐ Ear discharge
☐ Hay fever
☐ Loss of hearing
☐ Persistent cough
☐ Sinus problems

General
☐ Chills
☐ Dizziness
☐ Fainting
☐ Headache
☐ Numbness
☐ Sweats
☐ Loss of sleep
☐ Loss of weight

Skin
☐ Bruise easily
☐ Hives
☐ Itching
☐ Rash
☐ Sore that won’t heal

Muscle/Joint/Bone
Pain, weakness, numbness in: ____________________

Allergies
☐ No ☐ Yes

Allergic to: ____________________ Specific Reaction: ____________________

Allergic to: ____________________ Specific Reaction: ____________________

Social History

Tobacco Use	☐ Never	☐ Previously but quit	☐ Current packs a day ____	
Alcohol Use	☐ Never	☐ Social	☐ Moderate	☐ Daily
Are you pregnant?	☐ No	☐ Yes, due date is: ____________________		

Surgical History [Please list previous surgeries]

1. ____________________
2. ____________________
3. ____________________

Family Medical History

Mother: ____________________

Father: ____________________

Siblings: ____________________

Medications [Please list your medications]

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________
7. ____________________
8. ____________________

Patient Signature ____________________ **Date:** ____________________

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