METRO FOOT & ANKLE

Name:_____

Birth Date:_____

Medical History Please check the box if you currently have any of these diseases/conditions

- ☐ Abnormal Bleeding
- ☐ Acid Reflux
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Back Problems
- ☐ Blood Clots
- ☐ Blood Transfusions
- ☐ Bronchitis / Emphysema
- ☐ Cancer
- ☐ Congestive Heart Failure
- ☐ Diabetes
- ☐ Dementia / Alzheimers
- ☐ Erlers-Darvos Syndrome
- ☐ Fibromyalgia
- ☐ Glaucoma
- ☐ Gout
- ☐ Heart Attack
- ☐ Heart Disease / Failure
- ☐ Hepatitis / HIV
- ☐ High Blood Pressure
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Low Blood Pressure
- ☐ Lupus
- ☐ Lymes Disease
- ☐ Lymphedema
- ☐ Migraine Headaches
- ☐ Mitral Valve Prolapse
- ☐ Multiple Sclerosis (MS)
- ☐ Nerve Disorder
- ☐ Neuropathy
- ☐ Osteoporosis
- ☐ Parkinson's
- ☐ Polio
- ☐ Psoriasis
- ☐ Raynaud's
- ☐ Rheumatoid Arthritis
- ☐ Schizophrenia
- ☐ Skin Disorder
- ☐ Sleep Apnea
- ☐ Stomach Ulcers
- ☐ Stroke
- ☐ Thyroid Disease
- ☐ Tuberculosis
- ☐ Other _____
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

Do you Smoke? Yes / No Former smoker? Yes / No Quit date? _____

Review of Symptoms: Please circle any symptoms you currently or recently have had

General

Chills, depression, Dizziness, Fainting, Fever, Headache, Loss of sleep, Loss of weight, Anxiety, Sweats

Gastrointestinal

Poor Appetite, Constipation, Diarrhea, Excessive gas, Nausea, Rectal bleeding, Stomach Pain

Ear, Nose, Throat

Bleeding gums, Blurred Vision, Double Vision, Hay Fever/Sinusitis, Loss of hearing, Nose bleeds, Persistent Cough

Urinary/Kidney

Blood in urine, Frequent urination, Lack of Bladder control, Painful urination, Difficulty urinating

Skin

Bruise easily, Hives, Rash, Itching, Painful or Large Scars, Sores that won't heal

Respiratory

persistent cough, shortness of breathm wheezing, bronchitis

Cardiovascular

Chest Pain, Irregular heart beat, cramping in legs, swelling of legs, varicose veins

Surgeries _____

Allergies_____

Medication(s) currently taking_____

_____

Signature _____