

NAME: _____

Welcome to **SOUND FOOT CARE**. For our records, please complete the following Medical information:

Today's Date: _____

PERSONAL PHYSICIAN: _____ Last Seen: _____

PREVIOUS PODIATRIST: _____ Last Seen: _____

Are you in generally good health? Yes _____ No _____

Are you taking ANY medications? Yes _____ No _____

If yes, please list ALL medications:

Medication and dosage	Medications and Dosage
· _____	· _____
· _____	· _____
· _____	· _____
· _____	· _____
· _____	· _____
· _____	· _____

Please continue on back, if needed.

Have you had ANY serious illnesses in the past? Yes _____ No _____

Please list ALL illnesses:

Have you been hospitalized in the past 12 months? Yes _____ No _____

If yes, please describe reason for hospitalization:

I AM ALLERGIC TO, OR HAVE A REACTION TO:

Adhesive Tape _____	Codeine _____	Novocaine _____	Penicillin _____
Sulfur _____	Aspirin _____	Acetaminophen _____	Ibuprofen _____
Other _____	Other _____	Other _____	Other _____
_____	_____	_____	_____

Date of last Tetanus Shot _____

I HAVE HAD OR CURRENTLY HAVE:

Arthritis _____	Hepatitis _____	Heart Condition _____	Kidney disorders _____
Anemia _____	High Blood _____	Circulatory _____	Nervousness _____
Diabetes _____	Pressure _____	problems _____	Rheumatic fever _____
Hemophilia _____	HIV/AIDS _____	Liver ailments _____	Tuberculosis _____
Varicose veins _____	Joint disease _____	Thyroid _____	Other _____
Cancer _____	Other _____	_____	_____

Please continue on back, if needed, to list medical condition not listed above.

Has anyone from your immediate family been treated for any of the above health problems? Yes ___ No ___

Are you pregnant? Yes _____ No _____

What is your chief foot complaint?

Signature: _____ Date: _____

If patient is a minor, please have legal guardian sign and date.