

DBA Knoxville Footcare

Patient Medical History—Please Fill Out Completely

Last Name _____ First Name _____ M.I. _____

D.O.B. _____ Age _____ Height _____ Weight _____

Do you have a living will? Yes _____ No _____

Do you have, or are you being treated for any of the following, check all that apply.

- | | | |
|---------------------------|-----------------------------|-------------------|
| _____ High Blood Pressure | _____ Pacemaker | _____ Blood clots |
| _____ Kidney disease | _____ Bleeding problems | _____ Asthma |
| _____ Emphysema | _____ Stomach/colon disease | _____ Cancer |
| _____ Diabetes | _____ Ulcers | _____ Hepatitis |
| _____ Seizures | _____ Stroke | _____ HIV/AIDS |
| _____ Heart disease | _____ Neuropathy | _____ Other _____ |

Please list all previous surgeries. Use back if needed.

<u>Procedure</u>	<u>Date (approximate)</u>	<u>Surgeon</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

List ALL medical allergies. _____ No Allergies LATEX ALLERGY _____ Yes
 _____ No

<u>Drug</u>	<u>Reaction</u>	<u>Drug</u>	<u>Reaction</u>
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____

Stairs in home? _____ Yes _____ No Cane _____ Yes _____ No Walker _____ Yes _____ No
 Alcohol use _____ Yes _____ No Number of drinks: _____ day _____ week _____ month
 Tobacco use _____ Yes _____ No Cigarettes (Packs/day) _____ Cigars/Pipe (number/day) _____
 _____ Dip/Chew (amount/day)

Family History-Check all that apply.

- | | | |
|---------------------------|-----------------------------|-------------------------|
| _____ Birth defects | _____ Heart Disease | _____ Bleeding Problems |
| _____ High Blood Pressure | _____ Kidney Disease | _____ Cancer |
| _____ Asthma | _____ Stomach/Colon Disease | _____ Hepatitis |
| _____ Emphysema | _____ Ulcers | _____ HIV/AIDS |
| _____ Diabetes | _____ Stroke | _____ Blood Clots |
| _____ Seizures | _____ Other: _____ | |

Work _____ Employed _____ Unemployed _____ Retired _____ Disabled _____ Student _____

Type of work performed _____

Signature _____