

## New Patient – History of Foot & Ankle Complaint

(One form for each problem)

Patient Name: \_\_\_\_\_

- How is your overall health?    Excellent    Very Good    Good    Fair    Poor
- Where is your complaint located?
- When did your complaint first begin?
- Is your complaint painful?    Yes    No
- If painful, how would you describe the pain?
  - Sharp    Dull    Burning    Throbbing    Aching    Numbness
- How would you grade the severity of your pain?
  - No pain    Mild    Moderate    Severe
- How would describe the onset of your complaint?
  - Sudden    Gradual
- Is your complaint constant or intermittent (comes and goes)?
  - Constant    Intermittent
- What makes the complaint better?
- What makes the complaint worse?
- Does strenuous activity make your complaint worse?    Yes    No
- Have you noticed a change in weight associated with the onset of the complaint?    Yes    No
- Did an injury cause your complaint?    Yes    No  
    If yes, please explain:
- Is an increase in activity associated with the timing of your complaint?    Yes    No
- Has the complaint interfered with your ability to perform daily activities?    Yes    No
- Is a fever associated with your complaint?    Yes    No
- Self Treatment – on your own, what medications, devices or other things have you done to treat your complaint?
- Is there a type of shoe that makes your complaint better?    Yes    No
  - (If yes, what type?)

- What type of shoe do you most commonly wear?
- What best describes the current treatment for your complaint?
  - Currently not receiving treatment
  - Received treatment that did not help
  - Received treatment that did help
- Professional Treatment – have you been treated by another provider for your complaint?
  - Yes No (If yes, who and what did they do?)
- Have you had any radiologic exams related to your complaint?
  - X-ray CT scan MRI Ultrasound Bone scan
- Has anyone in your immediate family had the same complaint? Yes No
- Has anyone in your immediate family been treated for the same complaint? Yes No
- Do you feel that your complaint is affecting you emotionally? Yes No

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Patient Signature

Date