

## MEDICAL HISTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### PROBLEMS LIST

_____ Hypertension	_____ Heart Disease	_____ Diabetes
_____ Poor Circulation	_____ Arthritis	_____ Bleeding Problems
_____ Cancer	_____ Neurologic / Muscular	_____ Hepatitis
_____ Liver disease	_____ Glaucoma	_____ Kidney Problems
_____ Respiratory problems	_____ Urinary problems	_____ Venereal disease
_____ HIV / Aids	_____ Headaches	_____ Genetics
_____ Phlebitis	_____ Drug dependency	_____ eye problems
_____ ear problems		

### HOSPITALIZATION

( Surgeries)

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#### Implants:

Plates, Screws, Hardware, Cardiac defibulator, Cardiac pacemaker: Location \_\_\_\_\_

### FAMILY HISTORY

Mother: Alive \_\_\_\_\_ Deceased \_\_\_\_\_ Cause \_\_\_\_\_  
Father: Alive \_\_\_\_\_ Deceased \_\_\_\_\_ Cause \_\_\_\_\_  
Language \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

### SOCIAL HISTORY

Tobacco Use: Yes \_\_\_\_\_ No \_\_\_\_\_, Amount \_\_\_\_\_  
Status: Unknown \_\_\_\_\_ Former \_\_\_\_\_ Current \_\_\_\_\_ Never \_\_\_\_\_  
Alcohol Use: \_\_\_\_\_

### MEDICATIONS:

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### ALLERGIES:

Penicillin \_\_\_\_\_ Sulfa Products \_\_\_\_\_ Iodine \_\_\_\_\_ Lidocaine \_\_\_\_\_ Aspirin \_\_\_\_\_ Latex \_\_\_\_\_  
Codeine \_\_\_\_\_ Foods \_\_\_\_\_ Seasonal \_\_\_\_\_ Others \_\_\_\_\_

### VITALS:

Blood Pressure \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Shoe Size: \_\_\_\_\_

My Foot Problem Is: \_\_\_\_\_