

## Ankle and Foot Associates PLLC

### NEW PATIENT INFORMATION

Please fill in any that apply to you. You either have it currently or have had one in the past.

#### MEDICAL HISTORY

- Arthritis       Birth Defect       Clotting Disorder       Cancer       Diabetes
- Gout       GI Ulcer       Hepatitis       Heart Disease       High Blood Pressure
- ICD Pace Maker       Latex Allergy       Lung Disease       Neuropathy
- Raynaud's       Sleep Apnea       Stroke       Thick Scars       Thyroid Disorder
- Vascular Disease

#### SOCIAL HISTORY

- Tobacco Use:       Never       Currently       Quit... When? \_\_\_\_\_
- Alcohol Use:       Never       Yes       Socially       Recovering
- Recreational Drug Use:       Never       Yes      What type? \_\_\_\_\_
- Caffeine Intake:       Never       Coffee       Tea       Soda/Pop       OTC Pills
- Exercise Regularly:       Yes       No
- Are you pregnant or trying to get pregnant?       Yes       No

#### FAMILY HISTORY

- Diabetes:       Father       Mother       Grandparent       Sibling       Children
- Foot Deformities:       Father       Mother       Grandparent       Sibling       Children
- Circulation Problems:       Father       Mother       Grandparent       Sibling       Children
- Arthritis:       Father       Mother       Grandparent       Sibling       Children
- Numbness/Tingling:       Father       Mother       Grandparent       Sibling       Children
- Anesthesia Problems:       Father       Mother       Grandparent       Sibling       Children
- Toenail Problems:       Father       Mother       Grandparent       Sibling       Children

Any other problems/history not seen above that you feel the provider should know to update your medical record, please write below:

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