

# HISTORY

1. WHAT IS YOUR PRESENT FOOT OR ANKLE SYMPTOM? \_\_\_\_\_  
\_\_\_\_\_

2. WHEN DID IT FIRST OCCUR? \_\_\_\_\_

3. IS IT THE RESULT OF AN INJURY SUSTAINED AT WORK? \_\_\_\_\_ CLAIM NO. \_\_\_\_\_

4. HAVE YOU BEEN TREATED FOR THE SAME CONDITION IN THE PAST? \_\_\_ YES \_\_\_ NO

5. HAVE YOU HAD ANY OF THE FOLLOWING:

ANEMIA .....	YES / NO
ARTHRITIS .....	YES / NO
ARTIFICIAL JOINTS .....	YES / NO
ASTHMA .....	YES / NO
BLEEDING DISORDER .....	YES / NO
CANCER .....	YES / NO
DIABETES .....	YES / NO
EPILEPSY .....	YES / NO
HEART (AND VALVE) PROBLEMS ....	YES / NO
HEART SURGERY .....	YES / NO
HIGH BLOOD PRESSURE.....	YES / NO
KIDNEY DISEASE.....	YES / NO
LIVER DISEASE.....	YES / NO
NERVOUS DISORDER.....	YES / NO
RHEUMATIC FEVER.....	YES / NO
SKIN CONDITION .....	YES / NO
STOMACH PROBLEMS.....	YES / NO
STROKE.....	YES / NO
TUBERCULOSIS.....	YES / NO

6. NAMES OF MEDICATIONS THAT YOU ARE CURRENTLY TAKING: \_\_\_\_\_  
\_\_\_\_\_

7. DO YOU HAVE ANY ALLERGIES? \_\_\_ NO \_\_\_ YES (TO WHAT?) \_\_\_\_\_  
\_\_\_\_\_

8. WHAT OPERATIONS HAVE YOU EVER HAD? \_\_\_\_\_  
\_\_\_\_\_

9. HAVE YOU HAD ANY COMPLICATIONS FROM SURGERY OR ANESTHETICS? \_\_\_\_\_  
\_\_\_\_\_

10. AT WORK, DO YOU PRIMARILY \_\_\_ SIT \_\_\_ STAND

11. DO YOU SMOKE? \_\_\_ NO \_\_\_ YES DO YOU DRINK ALCOHOL? \_\_\_ NO \_\_\_ OCCASIONALLY \_\_\_ A LOT

12. DO YOU PARTICIPATE IN ANY SPORTS? \_\_\_ NO \_\_\_ YES ( IF YES WHAT ARE THEY: \_\_\_\_\_ )

13. WHO IS YOUR PRIMARY PHYSICIAN? \_\_\_\_\_

14. NAMES OF YOUR OTHER SPECIALISTS: \_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
( PARENT OR GUARDIAN )