

Stockdale Podiatry Group, Inc.

PATIENT MEDICAL HISTORY

GENERAL DATA

Patient's Name: _____ Age: _____

Ethnicity: _____ Sex: _____

PAST MEDICAL HISTORY

Last Physical Exam: _____

Family Doctor: _____

Hospitalizations: _____

Surgeries: _____

Past & Present Drugs: _____

Allergies: _____

Bleeding Tendencies: _____

Stomach Ulcers: _____

Heart Problems: _____

Rheumatic Fever: _____

Heart Valve Problems: _____

High Blood Pressure: _____

Lung Problems: _____

Liver Problems: _____

Kidney Problems: _____

Diabetes: _____

Blood Clots in Legs: _____

Joint Implants: _____

Smoke: _____ Amount: _____

Alcohol: _____

Other Medical Illnesses: _____

Information Taken by: _____

Date: _____

CHIEF COMPLAINT

When: _____

Type of Pain: _____

Previous Treatment: _____

Job Related: _____

Who referred you to our office?

How did you first hear of us?

Why did you choose this office?

Reviewed by Dr. (Initials) _____