

# MEDICAL HISTORY

[www.brfootandankle.com](http://www.brfootandankle.com)

**Blue Ridge Foot and Ankle Clinic, PLC**

887-A Rio East Court Charlottesville, VA 22901 (434) 979-8116 Fax: (434) 979-8880  
417 South Magnolia Ave Waynesboro, VA 22980 (540) 949-5150 Fax: (540) 932-8535

## CHIEF CONCERN/PRESENT ILLNESS:

What is your present foot problem? \_\_\_\_\_

If due to injury, date and details? \_\_\_\_\_

How long have you been bothered by the above? \_\_\_\_\_

What have you done for your foot problem? \_\_\_\_\_

Have you had previous foot care? If so, by whom : \_\_\_\_\_

## MEDICAL HISTORY:

Are you now or have you been under a physician's care during the past two years? (circle one) Yes No

Date of last complete physical exam: \_\_\_\_\_

**ALLERGY** to any medications? (Please check all that apply) :  Adhesive Tape  Amoxicillin  Aspirin

Augmentin  Betadine  Codeine  Demerol  Erythromycin  Ibuprofen  Iodine

Keflex  Latex  Morphine  NSAIDs  Penicillin  Sulfa Drugs  Tylenol

Novocain  Antihistamines  Other \_\_\_\_\_

**MEDICATION** Are you presently taking any medicine? (circle one) Yes No If yes, what? \_\_\_\_\_

## PAST MEDICAL HISTORY (Circle if you now have or were ever treated for: )

AIDS/ARC	Bleeding tendency	Heart Disease	Mitral Valve Prolapse
Allergies	Cancer	Heart Murmur	Mental health conditions
Anemia	Diabetes	Hepatitis	Rheumatic Fever
Anesthesia Problems	Epilepsy	High Blood Pressure	Tuberculosis
Arthritis	Glaucoma	Kidney Disease	Ulcers
Asthma	Gout	Liver Trouble	Circulation Disorders
Stomach Ulcer	Polio	Venereal Disease	Leg Cramps
Previous foot condition	Stroke	Other _____	

**Have you had SURGERY?** (circle one) Yes No

TYPE OF SURGERY	YEAR
_____	_____
_____	_____

## SOCIAL HISTORY

Use of Alcohol: Never Rarely Moderate Daily  
 Use of Tobacco: Never Previously but quit: \_\_\_\_\_ Current packs/day \_\_\_\_\_  
 Use of Drugs: Never Type/frequency: \_\_\_\_\_

**FAMILY HISTORY** (Circle if any blood relatives have had)

Arthritis   Cancer   Diabetes   Heart Disease   High Blood Pressure   Kidney Disease   Overweight  
Foot problems similar to yours?                      Mother                      Father                      Siblings

**REVIEW OF SYSTEMS:** (Please indicate current health status below by circling existing conditions)

**CONSTITUTIONAL SYMPTOMS**

Good general health lately  
Recent Weight Change  
Fever  
Fatigue

**EYES**

Eye disease or injury  
Wear glasses/contact lenses

**CARDIOVASCULAR**

Chest pain or angina pectoris  
Palpitation  
Shortness of breath walking  
or lying flat  
Swelling of feet, ankles or hands

**RESPIRATORY**

Chronic or frequent coughs  
Spitting up blood  
Shortness of breath  
Wheezing

**GASTROINTESTINAL**

Loss of appetite  
Nausea or vomiting  
Frequent diarrhea

**GENITOURINARY**

Kidney disease  
Dialysis  
Kidney stones

**MUSCULOSKELETAL**

Joint pain  
Joint stiffness or swelling  
Weakness in muscles or joints  
Muscle pain or cramps  
Back pain  
Cold extremities  
Difficulty in walking  
Neuromuscular disease

**INTEGUMENTARY (skin)**

Rash or itching  
Change in skin color  
Change in hair or nails  
Varicose Veins

**NEUROLOGICAL**

Frequent or recurring headaches  
Light headed or dizzy  
Convulsions or seizures  
Numbness or tingling sensations  
Tremors  
Paralysis  
**Head injury**  
Stroke

**PSYCHIATRIC**

Blurred or double vision  
Memory loss or confusion  
Depression  
Insomnia

**ENDOCRINE**

Diabetes  
Glandular or hormone problem  
Excessive thirst or urination  
Heat or cold intolerance  
Skin becoming dryer

**HEMATOLOGIC/LYMPHATIC**

Slow to heal after cuts  
Bleeding or bruising tendency  
Anemia  
Phlebitis  
Past transfusion  
Enlarged glands

Is there any other general or foot health information that should be known? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Shoe Size : \_\_\_\_\_

Name

Phone #

I have reviewed with the patient the complete history provided : \_\_\_\_\_  
Kevin P. Murray DPM                      Stewart M. Chang DPM                      Date

**THANK YOU FOR YOUR COOPERATION**