

Name: _____	DOB: _____	
Chart: _____	Age: _____	
Date: _____	Sex: _____	

Atlantic Foot and Ankle Center

Please check the appropriate diagnosis that applies to you.

What brings you in today? _____

Wt: _____ Ht: _____ Referring Doctor: _____ Primary Care MD: _____

_____	DIABETES	_____	RHEUMATIC FEVER
_____	FOR HOW LONG?	_____	SHOE SIZE
_____	INSULIN DEPENDENT	_____	NON-INSULIN DEPENDENT
_____	CHOLESTEROL	_____	COUMADIN THERAPY
_____	GLAUCOMA	_____	GOUT
_____	EPILEPSY	_____	HEART PROBLEMS
_____	NERVOUS TROUBLE	_____	PREVIOUS BLOOD TRANSFUSION
_____	(DEPRESSION/ANXIETY DISORDERS)	_____	PARALYSIS
_____	STROKE	_____	HIGH BLOOD PRESSURE
_____	ARTHRITIS	_____	DIFFICULTY SPEECH
_____	DIFFICULTY HEARING	_____	CANCER
_____	ASTHMA	_____	TYPE
_____	TUBERCULOSIS	_____	HEPATITIS
_____	STOMACH PROBLEMS	_____	ULCERS
_____	GALL BLADDER PROBLEMS	_____	KIDNEY PROBLEMS
_____	FAINTING SPELLS	_____	SKIN DISEASE
_____	THYROID	_____	CIGARETTE SMOKING
_____	SCARLET FEVER	_____	HOW LONG?
_____	ARE YOU PREGNANT?	_____	HOW MANY PER DAY?
_____	DUE DATE?	_____	ALCOHOL USE
_____	ALLERGIES TO MEDICATIONS?	_____	PLEASE LIST THEM:

WHAT MEDICATIONS ARE YOU CURRENTLY TAKING? (INCLUDE HERBAL SUPPLEMENTS)

ANY SURGERIES IN YOUR LIFETIME? PLEASE LIST ALL WITH YEARS/DATES OR AGE.

Name: _____	DOB: _____	
Chart: _____	Age: _____	
Date: _____	Sex: _____	

Atlantic Foot and Ankle Center

Review of Systems: Please circle any problems you have had or may now be having from the list below.

CONSTITUTIONAL	Fever, weight loss, weakness, fatigue
SKIN	Dry skin, excessive sweating, coldness of hands or feet, rashes
HEMATOLOGICAL	Swollen glands, easy bruising, hx of blood transfusion, HIV exposure
HEENT	Headaches, facial pain, sinus problems, allergies, visual or hearing problems, gum disease, problems with teeth, snoring, sleep apnea
CHEST	Chest wall pain, cough, shortness of breath, breast lumps, nipple D/C
CARDIOVASCULAR	Heart trouble, angina, swelling of feet, hypertension, heart murmur, irregular heartbeat
ABDOMINAL	Liver disease, hepatitis, gall bladder problems, irritable bowel syndrome, colitis, diverticulitis, polyps, reflux, peptic ulcer, reflux, constipation, diarrhea, dark stools
GENITOURINARY	Kidney stones, kidney disease, bladder dysfunction, blood in urine, ovarian cysts, testicular masses, hernias, uterine fibroids, dysfunctional uterine bleeding, menstrual irregularities, sexual impairment, reduced libido (desire for sex)
ENDOCRINE	Thyroid problems, hormonal changes, diabetes, excessive thirst, recent weight gains or loss
MUSCULOSKELETAL	History of neck or lower back pain, arthritis, joint pain, muscle pain, bone pain, stiffness, gout, hip/shoulder or knee problems, carpal tunnel, foot or ankle pain, heel spurs
NEUROLOGICAL	Seizures, fainting spells, stroke, weakness, neuropathy, dizziness, tremors, gait problems, memory, or concentration difficulties, depression, anxiety, shakiness, anger, guilt agitation

Received by: _____ Date: _____