MEDICAL HISTORY

Patient's Name	Date of Birth	Age	Today's Date	Case No. (office to assign)
Residence Address	City	State	Zip	Daytime Phone No.
Family Physician's Name	Address			Phone No.

My foot problem involves my ____ Right Foot ___ Left Foot ___ Both Feet

Describe your foot problem: _____

	Yes	No	Please Explain
Are you in good health?	___	___	
Have you had any serious illnesses?	___	___	
Have you had any major operations?	___	___	
Are you under a physician's care?	___	___	
May we contact your Physician?	___	___	

What medications do you take regularly? _____

Mark (x) any of the following you have or have had problems with:

GENERAL MEDICAL HISTORY
___ Diabetes
___ Arthritis
___ Circulation
___ Gout
___ Anemia
___ Asthma
___ Stomach Ulcers
___ Hardening of Arteries
___ Infection Prone
___ Bleed Easy
___ Slow Healer
___ Heart Trouble
___ Kidney Trouble
___ Liver Trouble
___ Fainting Spells
___ High Blood Pressure
___ Polio
___ Rheumatic Fever
___ Tuberculosis
___ Cancer
___ Epilepsy
___ Gangrene
___ Drug Allergies
___ Other:_____
___ Other:_____

FOOT & LEG CONDITIONS
___ Bunions
___ Bone Fracture
___ Bow Legs
___ Burning
___ Arch pain
___ Foot Cramps
___ Leg Cramps
___ Unequal Leg Length
___ Knee Pain
___ Heel Pain
___ Knocked Knees
___ Sprains
___ Weak Ankles
___ Swelling
___ Low Back Pain
___ Varicose Veins
___ Nerve Injury
___ Stiffness
___ Coldness
___ Numbness
___ Pigeon Toes
___ Toes Outward
___ Flat Feet
___ High Arches
___ Hammertoes
___ Other:_____
___ Other:_____

FOOT SKIN PROBLEMS
___ Fungus
___ Growth
___ Hard Corns
___ Soft Corns
___ Dryness
___ Calluses
___ Moist Skin
___ Other:_____
___ Other:_____

TOENAIL PROBLEMS
___ Fungus
___ Thick
___ Curved
___ Ingrown
___ Brittle
___ Deformed
___ Discolor
___ Other:_____

SHOE WEAR PROBLEMS
___ Tip
___ Heel
___ Upper
___ Soles
___ Other:_____
___ Other:_____

Any additional information you wish us to know:

I hereby give Dr. Kenneth Abram, D.P.M. permission to examine and treat my feet.

Signature _____
Patient (Parent or guardian if minor)

Are you allergic or sensitive to:	Yes	No
Novocaine		
Adhesive Tape		
Fabric		
Other		
If yes, what		

Summary (Doctor's use):