



Name: \_\_\_\_\_

**Medication/Environmental Allergies:**

**Doctor's Notes**

Name	Reaction

**Family Medical History:**

(foot/ankle deformities, procedures, anesthesia reactions, and medical disorders)

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: \_\_\_\_\_

Grandparents: \_\_\_\_\_

**Social History:** (check those that apply)

Caffeine amount per day \_\_\_\_\_

Alcohol amount per day \_\_\_\_\_

Tobacco amount per day \_\_\_\_\_

Drugs type, frequency, last use \_\_\_\_\_

Use: crutches/cane/walker/wheelchair (circle)

Occupation: \_\_\_\_\_ standing/sitting/mobile (circle)

Shoe Size: \_\_\_\_\_ oxford/pump/athletic (circle)

Activity/Fitness and Frequency: \_\_\_\_\_

Date of last Physical Exam: \_\_\_\_\_ Performed by: \_\_\_\_\_

"The information supplied is correct to the best of my knowledge."

Signature \_\_\_\_\_ Date \_\_\_\_\_

////////////////// STOP ////////////////////

**Examination:**

Ht:	Wt:	Pulse:	Temp:	Resp:	B/P:
<b>Vascular:</b>			<b>Right</b>	<b>Left</b>	Location:
Dorsalis Pedis/Perforator:			/3	/3	
Posterior Tibial:			/3	/3	Quality:
Capillary Fill Time:			sec.	sec.	
Claudication:			Y/N	Y/N	Severity: (VAS)
Recent Changes:			Y/N	Y/N	
Rest pain:			Y/N	Y/N	Duration:
Edema:			+/-	+/-	
Varicosities/Telangiectasis/Stasis:			+/-	+/-	Timing:
Homan's sign:			+/-	+/-	
Notes:					Context:

Aggravating Factors:

**Integument**

Skin: Atrophy, Pale/Discolored, Hairless, Cool, Eruptions, Erythema/Inflammation, Keratosis, Ulcer

Notes:

Nails: Thickened, Discolored, Onycholysis, Subungual debris, Periungual Skin Reaction

Incurvated, Impacted, Nail Fold Hypertrophy, Local Inflammation, Drainage

