

A+ Family Foot & Ankle Center, Inc.
MEDICAL INFORMATION

Family Physician _____ Date of Last Medical Examination _____

Address _____ Phone _____

City _____ State _____

What medications are you presently taking or use on occasion (if any), including prescription medications or over-the-counter medications and vitamins?

Are you allergic to any medications you know of? _____

Are you being treated or have you been treated in the past for any of the following?

- | | |
|---|---|
| _____ High blood pressure (hypertension) | _____ Ulcers |
| _____ Low blood pressure | _____ Hiatal Hernia |
| _____ Diabetes | _____ Other G.I. problems
explain _____ |
| _____ Poor circulation | _____ Arthritis |
| _____ Phlebitis which leg(s) _____ | _____ Gout |
| _____ Glaucoma | _____ Stroke |
| _____ Heart murmurs | _____ Epilepsy |
| _____ Mitral valve prolapse | _____ Multiple sclerosis |
| _____ Angina | _____ Muscular dystrophy |
| _____ Other heart problems
explain _____ | _____ Neuropathy |
| _____ Emphysema | _____ Other neuromuscular problems
explain _____ |
| _____ Tuberculosis | _____ Psoriasis |
| _____ Asthma | _____ Cancer type? _____ |
| _____ Other respiratory problems
explain _____ | |

Describe any operations or hospitalizations you have had and list the dates _____

What problem(s) are you having with your feet or legs today? _____

Other foot or leg problems you are concerned about? _____

Height _____ Weight _____ Shoe Size _____ Shoe Type _____