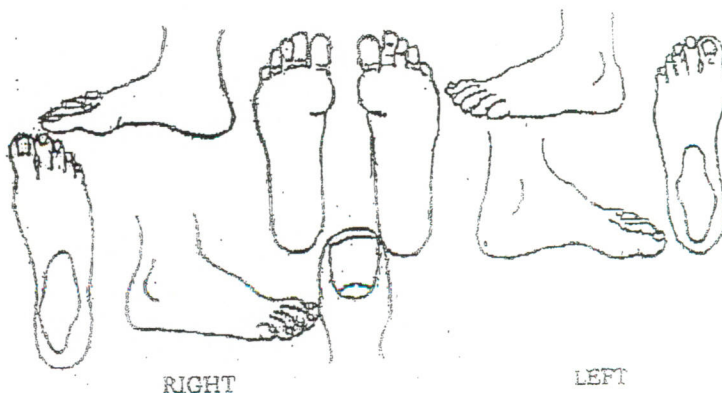


CHIEF COMPLAINT/HISTORY of PRESENT ILLNESS

Current foot problem: _____

NATURE	LOCATION	COURSE
sharp dull achy burning stabbing tingling numbness	left right ankle foot 1 st toe 2 nd toe 3 rd toe 4 th toe 5 th toe	intermittent constant progressive varied



Duration (how long have you had the problem?) _____

Onset (how did it start?) _____

Aggravating Factors (what makes it worse?) _____

Treatment (what has been done?) _____