

**Coastal Podiatry, LLC**  
**Dr. Rahn A. Ravenell Dr. Tamika M.B. Ravenell**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Were You Referred by a Physician? Y N If yes name \_\_\_\_\_

**REASON FOR TODAY'S VISIT:**

**DO YOU SMOKE? Y N**

**DO YOU DRINK ALCOHOL? Y N**

**DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?**

|                          |     |                          |     |
|--------------------------|-----|--------------------------|-----|
| DIABETES (INSULIN/ORAL)  | Y N | HIGH BLOOD PRESSURE      | Y N |
| CONGESTIVE HEART FAILURE | Y N | HIGH CHOLESTEROL         | Y N |
| CARDIAC STENT            | Y N | KIDNEY DISEASE/DIALYSIS  | Y N |
| MITRAL VALVE PROLAPSE    | Y N | ASTHMA                   | Y N |
| STROKE                   | Y N | ALZHEIMER'S DISEASE      | Y N |
| HYPOTHYROID              | Y N | DEMENTIA                 | Y N |
| HYPERTHYROID             | Y N | MIGRAINES                | Y N |
| CANCER                   | Y N | LUMBAR SPINE CONDITION   | Y N |
| ARTHRITIS                | Y N | CERVICAL SPINE CONDITION | Y N |
| RHEUMATOID ARTHRITIS     | Y N | GOUT                     | Y N |
| HEPATITIS                | Y N | COPD                     | Y N |
| HIV                      | Y N | FIBROMYALGIA             | Y N |

**DOES ANYONE IN YOUR FAMILY HAVE ANY OF THESE MEDICAL CONDITIONS?**

|                          |     |                          |     |
|--------------------------|-----|--------------------------|-----|
| DIABETES (INSULIN/ORAL)  | Y N | HIGH BLOOD PRESSURE      | Y N |
| CONGESTIVE HEART FAILURE | Y N | HIGH CHOLESTEROL         | Y N |
| CARDIAC STENT            | Y N | KIDNEY DISEASE/DIALYSIS  | Y N |
| MITRAL VALVE PROLAPSE    | Y N | ASTHMA                   | Y N |
| STROKE                   | Y N | ALZHEIMER'S DISEASE      | Y N |
| HYPOTHYROID              | Y N | DEMENTIA                 | Y N |
| HYPERTHYROID             | Y N | MIGRAINES                | Y N |
| CANCER                   | Y N | LUMBAR SPINE CONDITION   | Y N |
| ARTHRITIS                | Y N | CERVICAL SPINE CONDITION | Y N |
| RHEUMATOID ARTHRITIS     | Y N | GOUT                     | Y N |
| HEPATITIS                | Y N | COPD                     | Y N |
| HIV                      | Y N | FIBROMYALGIA             | Y N |

**PLEASE LIST ANY MEDICATIONS YOU ARE TAKING.**

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**PLEASE LIST ANY DRUG OR FOOD ALLERGIES**

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**PLEASE LIST ANY PREVIOUS SURGERIES YOU HAVE HAD**

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