



**Brian M. Bowen, DPM | Timothy Mineo, DPM**

Patient name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ SS# \_\_\_\_\_

Email address: \_\_\_\_\_

Sex: Male / Female Primary care Dr. \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

**Allergies:**

Medication/substance allergies (circle all that apply):

Novocain  Adhesive Tape  Iodine  Other allergies \_\_\_\_\_

Penicillin  Sulfa Drugs  IV Dye  \_\_\_\_\_

Codeine  Tetanus  Shell fish  \_\_\_\_\_

Describe Allergic Reaction: \_\_\_\_\_

**Medications:**

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Have you ever had trouble with spinal, general, or local anesthesia? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you regularly take blood thinners? (aspirin, Coumadin, vitamin E, Cortisone or other steroids?) \_\_\_\_\_

**Past/current medical history (circle all that apply):**

**None**

**Other:** \_\_\_\_\_

- |  |                         |
|--|-------------------------|
| Anemia                                       | Hepatitis               |
| Back Problems                                | Migraine                |
| Cancer (type) _____                          | Tuberculosis            |
| Dementia                                     | Arthritis               |
| Epilepsy                                     | High Cholesterol        |
| Headache                                     | Dermatitis              |
| Irregular heartbeat/congestive heart failure | Glaucoma                |
| Stroke                                       | HIV                     |
| Anxiety                                      | Pneumonia               |
| Gout   | Thyroid Disorder        |
| Congestive Heart Failure                     | Asthma                  |
| Depression                                   | Coronary Artery Disease |
| GERD   | Hypertension            |
| Diabetes                                     | Renal Stone             |

**Social History:**

Current smoker? If so, how many packs/cigs per day? \_\_\_\_\_

If former smoker, quit date: \_\_\_\_\_

Alcohol: How many drinks per day/week/month? \_\_\_\_\_

**Surgical History:**

Surgeries / hospitalizations (list dates/procedures):

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**FAMILY HISTORY:**

DO YOU HAVE A FAMILY HISTORY OF:  DIABETES  CANCER  HEART DISEASE

STROKE  THYROID DISEASE  RHEUMATOID ARTHRITIS

OTHER

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**Problems:**

Foot/Ankle problem(s):

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Location on Foot/Ankle: \_\_\_\_\_ How long? \_\_\_\_\_ days/wks/mos/yrs

Pain scale (1-10) \_\_\_\_\_ Describe pain \_\_\_\_\_

Cause of foot problem: \_\_\_\_\_

What makes it worse: \_\_\_\_\_

What makes it better: \_\_\_\_\_

Current treatment: \_\_\_\_\_

History of foot surgery: \_\_\_\_\_

Podiatrist seen in the past and when: \_\_\_\_\_

HOW MUCH ARE YOU ON YOUR FEET AT WORK?  10%  25%  50%  75%  100%

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EXERCISE:  NEVER  RARE  OCCASIONAL  WEEKLY  SEVERAL TIMES A WEEK  DAILY

TYPES OF EXERCISE: \_\_\_\_\_

**Review of Systems:** (Please circle all that apply)

**Constitutional:** Chills/Fever/Weight loss/gain/Weakness/Fatigue

**Head:** Dizziness/Fainting/Sweats/Headaches

**Respiratory:** Asthma/Bronchitis/COPD/Cough/Pleurisy/TB/Wheezing/Short breath

**Cardiovascular:** Chest pain/Leg Ulcer/Varicose Veins/Heart

Murmur/Palpitations/High BP/history of heart attack

**Gastrointestinal:** Constipation/Liver Disease/Diarrhea/Hepatitis/Gall Bladder disease/Heartburn

**Musculoskeletal:** Arthritis/Back pain/joint

stiffness/Bunion/Corns/Hammertoes/Neuroma/Gout/Flat feet

**Psychiatric:** Depression/Disorientation/Memory Loss

**Skin:** Eczema/Athlete's foot/Itching/Hives/Nail Fungus/Warts/Lumps/Ingrown nails

**Neurological:** Tremors/Fainting/-strokes/Neuromas/Numbness/Tingling/Black outs

**Endocrine:** Goiter/Thyroid/Fatigue

**Hematologic:** Anemia/Easy bruising/Swollen glands/Blood clots

**Immunologic:** Itchy eyes/Hives/runny nose/sneezing/stuffiness/swelling

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