



# HISTORY OF FOOT & ANKLE

PX 01-21

Orange Park 981 Kingsley Ave (904) 269-9595

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Patient Name \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

### Chief complaint:

- Left foot
- Left ankle
- Right foot
- Right ankle

### When did the pain start?

- 1 week
- 1 month
- 1 year
- Other \_\_\_\_\_

### Nature of pain? Mark all that apply.

- Dull
- Numbness
- Tingling
- Sharp
- Tenderness
- Throbbing
- Acute
- Chronic
- Constant
- Intermittent
- Aching
- Stabbing
- Other \_\_\_\_\_

### History of pain? Mark all that apply.

- Morning
- Afternoon
- Evening
- Night
- Sitting
- While resting
- After sleeping
- After periods of inactivity
- Wakes you from sleep
- Other \_\_\_\_\_

### Symptoms? Mark all that apply.

- Swelling
- Redness
- Bruising
- Burning
- Itching
- Bumps
- Tiredness
- Cramping
- Numbness
- Skin flaking
- Discolored nails
- Other \_\_\_\_\_

### Severity of pain?

- ☺  1  2  3  4  5  6  7  8  9  10 ☹

### Self treatment:

- Rest
- Ice
- Medication
- Change activities
- Change shoes
- Other \_\_\_\_\_

### Specifically describe your most important problem:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Professional treatment:

Have you seen anyone for this problem?  Yes  No

If yes, who \_\_\_\_\_

What advice or treatment was given?

\_\_\_\_\_

### Fall risk:

- Do you ever shuffle your feet?  Yes  No
- Are you unsteady on your feet?  Yes  No
- Do you ever stumble?  Yes  No
- Have you fallen from foot/ankle problems?  Yes  No
- Have you suffered an injury from any fall?  Yes  No

### Have you discussed fall risks with your primary physician?

- Yes  No

### Would you like to discuss this further with Dr. Tellam?

- Yes  No

### What shoes do you avoid and why?

- Tennis shoes
- Heels
- Boots
- Work shoes

### How has this affected your work or recreational activities?

\_\_\_\_\_

\_\_\_\_\_

### What changes have you made in your home, environment or footwear to reduce your risks?

\_\_\_\_\_

\_\_\_\_\_

PATIENT SIGNATURE:

DATE: