LONESTAR
FOOT & ANKLE

Health History Questionnaire

Your answers on this health questionnaire will better help your physician understand your concerns. If you cannot remember specific details please approximate. Add any notes you think are important. All questions contained in this health questionnaire will be kept confidential.

How would you rate your general health? ◊Excellent ◊Good ◊Fair ◊Poor

PAST MEDICAL HISTORY (check all that apply)

HEENT	**RESPIRATORY**	**NEUROLOGICAL**
Allergies	Ashtma	Epilepsy
Blindness	Bronchitis	Head injury/concussion
Cataracts	COPD	Headaches
Sinus problems	Emphysema	Migraines
Glaucoma	Pneumonia	Seizures
Hearing loss	Tuberculosis	Stroke
Macular degeneration	Other	Other
Other		
CARDIOVASCULAR	**GASTROINTESTINAL**	**HEMATOLOGY/CANCER**
Atrial fibrillation	Celiac disease	Anemia
Circulatory problems	Crohns disease	Blood clots
Congestive heart failure	Eating disorder	Breast cancer
Heart disease	Hepatitis	Colon cancer
Heart attack, when?	Irritable bowel syndrome	Prostate cancer
Hypertension	Pancreatitis	Cancer other:
URINARY	**ENDOCRINE**	**RHEUMATOLOGIC**
BPH	Diabetes I; age of onset	Fibromyalgia
Kidney disease	Diabetes II; age of onset	Gout
Urinary incontinence	Gestational diabetes	Lupus
Other:	Hyperthyroidism	Osteoarthritis
PSYCHIATRIC	Hypothyroidism	Other:
Alcohol problems	Other:	**STD's**
Anxiety	**MUSCULOSKELETAL**	AIDS/HIV
Depression	Arthritis	Genital herpes
Drug problems/addictions	Osteoporosis/Osteopenia	Chlamydia/gonorrhea
Other:	Scoliosis	Genital warts (HPV)
	Other:	Other:

PAST SURGICAL HISTORY

SURGERY	**REASON**	**YEAR**	**HOSPITAL**

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REVIEW OF SYSTEMS (check all that apply)

CONSTITUTIONAL	**EYES**	**GENITOURINARY**	**CARDIOVASCULAR**
Fever	Dry eyes	Urinary loss of control	Chest pain on exertion
Night sweats	Visual disturbances	Difficulty urinating	Heavy chest
Weight loss	Irritation	Increased frequency	Tarry stools/ blood
Dizziness	**RESPIRATORY**	Blood in urine	Leg pain on exertion
GASTROINTESTINAL	Cough	Incomplete emptying	Irregular heart beats
Abdominal pain	Wheezing	**NEUROLOGICAL**	**HEMATOLOGIC**
Vomiting	Shortness of breath	Loss of consciousness	Swollen glands
Change in appetite	Coughing up blood	Depression	Easy bruising/bleeding
Sore throat	Sleep apnea	Weakness	**INTEGUMENTARY**
Diarrhea	Snoring	Numbness	Changes in moles
Trouble swallowing	Fainting	Seizures	Jaundice
ENDOCRINE		Dizziness	Eczema
Fatigue		Restless legs	Rash
Increased thirst		Memory loss	Dry skin
Increased hunger		Migraines	Growth/lesions

ALLERGIES

ALLERGY	**REACTION**

MEDICATIONS

DRUG NAME	**STRENGTH**	**FREQUENCY TAKEN**

FAMILY HEALTH HISTORY

RELATION	**ALIVE**	**AGE**	**SIGNIFICANT HEALTH PROBLEMS**
Grandmother Maternal			
Grandfather Maternal			

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Grandmother Paternal			
Grandfather Paternal			
Father			
Mother			
Brother/Sister			
Brother/Sister			
Other:			

SOCIAL HISTORY

Education	< 12th grade	High school	Associates	Bachelors	Masters	Doctorate
Caffeine	None	Occasional	Moderate	Heavy		
Alcohol	None	Social	< 3 times/ wk	>3 times/wk	Binge drinking	
Tobacco	Never	Social	Every day	Pks/day	History, quit?	
Drugs	Never	Social	Every day	In Past		

Live alone or with others?	
Does anyone smoke in home?	
Durable Medical Power of Attorney?	

Main reason for today's visit? (please be specific)

_____

_____

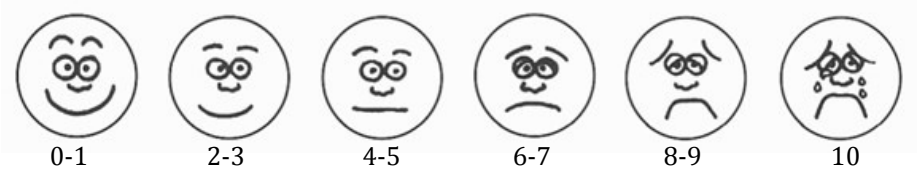
Which extremity is bothering you today? Right Left Both

History of present illness/injury:

1. How long have you had the problem?_____
2. Was there a traumatic event that caused the injury? _____
3. Check all that apply:

Dull	Throbbing	Sharp	Electrical
Shooting	Constant	Intermittent	Burning
Pins/needles	Aching	Worse in AM	Worse in PM
Annoying	Deep	Superficial	Unchanged

4. Rate your pain on below scale:



0-1 2-3 4-5 6-7 8-9 10

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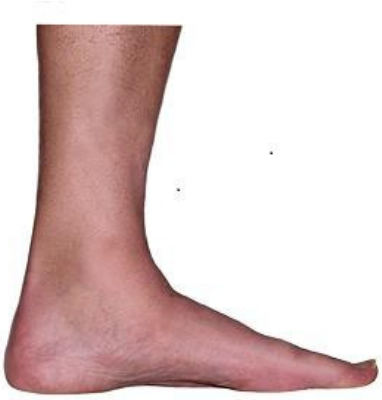
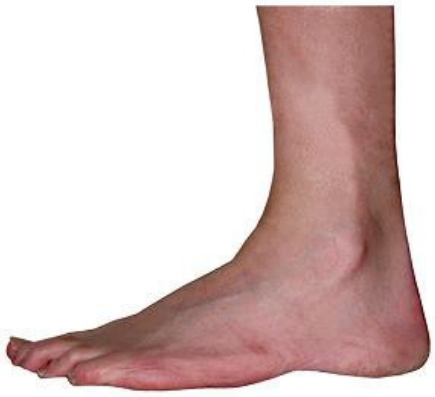
5. What makes the pain worse? _____
6. What makes the pain better? _____
7. What have you done for the problem? _____
8. Have you had the problem before? Same area? _____

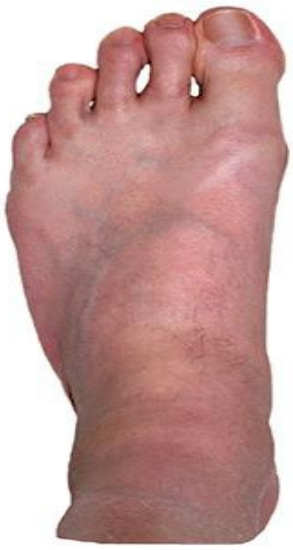
PLEASE CHECK OR MARK THE AREA YOU ARE HAVING PAIN

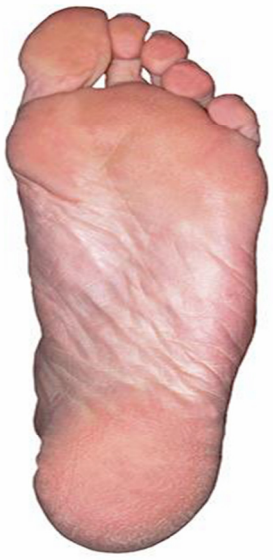


Medial (Inside) of Ankle



Lateral (Outside) of Ankle





Top & Bottom of Foot

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