

CHIROPODY PATIENT HISTORY**ROSS TEEPLE D. CH. CHIROPDIST**

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|----------------------|--------------------------|
| Name: | Date of Birth: |
| Phone Number: | Address: |
| Occupation: | |
| Referred: | Family Physician: |

HISTORY OF FOOT CONDITION

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| What is your present foot complaint |
| What have you done about it? (i.e.: past treatment) |
| Does this problem affect your walking or normal function? |
| Have you ever had any major foot or leg injuries? |
| Have you ever had any for or leg surgery? |
| Have you ever had any infection or ulceration on your foot? |
| Do or did your parents ever have any foot problems? |
| Do you ever experience numbness or tingling in your feet? |
| Do you ever treat your own feet or cut your own calluses or toenails? |

MEDICAL INFORMATION

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| Are you in good general health? |
| Have you ever had severe chest pains or shortness of breath |
| Are you subject to prolonged bleeding? |
| Have you ever fainted or passed out in a Doctor's office? |
| Do you have a family history of Diabetes? |
| Do you smoke? |
| Have you had any major operations or hospitalizations? |
| Are you currently pregnant? (<i>Females only</i>) |

Have you ever been treated for the following? (Please check applicable box)

| | | | |
|-----------------|-------------------------|--------------------|----------------------------|
| Diabetes | Heart problem | Epilepsy | Respiratory (ie: Asthma) |
| Arthritis | Stroke | Depression | Stomach / Intestinal |
| Gout | High Blood Pressure | Cancer | Transplant |
| Kidney problems | Circulation problems | H.I.V. / Hepatitis | Neuromuscular |
| Liver problems | Rheumatic/Scarlet Fever | Skin Conditions | (Polio, Spina Bifida, C.P. |
| Other: | | | |

Are you allergic to:

| | | |
|--------------------|-------------------|--------------------|
| Drug / Anaesthetic | Tapes / Adhesives | Food / Environment |
|--------------------|-------------------|--------------------|

What medications are you currently taking? _____

I hereby give my permission to the chiroprapist to administer and to perform such minor operative procedures as may be deemed necessary in the chiropodial diagnosis and or treatment of my foot condition.

 DATE

 SIGNATURE