

Advanced Foot And Ankle Clinic

Medical History

PATIENT TO COMPLETE

Appointment Date: _____

Patient Name: _____ Date of Birth: _____

Patient Signature _____ Date: _____

Please tell us the foot issues that bring you in today?

Problem # 1

How long has the problem been present? _____

Is the problem getting better or worse? _____

How severe is the problem? _____

What treatments have you used/did the treatment help? _____

Problem # 2

How long has the problem been present? _____

Is the problem getting better or worse? _____

How severe is the problem? _____

What treatments have you used/did the treatment help? _____