

EAST GEORGIA FOOT & ANKLE CENTER MEDICAL INFORMATION SHEET

NAME _____

Marital Status: M S W D

DESCRIBE YOUR FOOT/ANKLE PROBLEMS:

ALLERGIES (please circle or list) Penicillin Demerol Codeine Tape Iodine Sulfa

Other: _____

MEDICATIONS & DOSAGES (Please list):

MEDICAL PROBLEMS past and present (please check all that apply to you and your family):

You Family

- Anemia/Prolonged Bleeding
- Anxiety Disorders (depression)
- Arthritis
- Lung Disease (asthma, bronchitis, etc.)
- Cancer (type: _____)
- Heart Disease (arrhythmia, murmur, etc.)
- COPD (emphysema, chronic bronchitis)
- Diabetes _____
- Heart Attack (date of last attack _____)
- Epilepsy, Seizures
- Reflux/Heartburn/GERD
- Gout
- High Blood Pressure (hypertension)

You Family

- Kidney Problems _____
- Neuropathy
- Osteoporosis
- Renal (kidney) failure/insufficiency
- Stomach or bowel problems _____
- Stroke (date _____)
- Thyroid Disorder
- Ulcer (stomach)
- Poor circulation
- Skin Disease
- HIV/AIDS
- Tuberculosis
- Unusual Childhood Diseases

Other Illnesses: _____

PAST SURGERIES & DATE:

_____ Appendectomy _____ Foot Surgery _____ Tonsillectomy
_____ Gall Bladder _____ Hysterectomy _____ Vascular surgery

Other _____

SOCIAL HISTORY:

Smoke/chew tobacco: _____ no _____ yes How much? _____ packs/day x _____ years

Alcohol Use: _____ no _____ yes

Have you ever used or currently use illegal drugs? _____ no _____ yes List _____

JOB/EXERCISE REQUIREMENTS:

Pharmacy: _____ Phone #: _____

East Georgia Foot & Ankle Center Staff

Doctor Signature