New patients and patients arriving for new problems need to arrive 15 minutes before their scheduled appointment time. If you are not early the appointment will be rescheduled.

Dr. Steven Howell / Dr. Kent Heady / Dr. Shawn Morrow

Name _____ MRN_____

Date _____ Date of Birth _____

Directions:

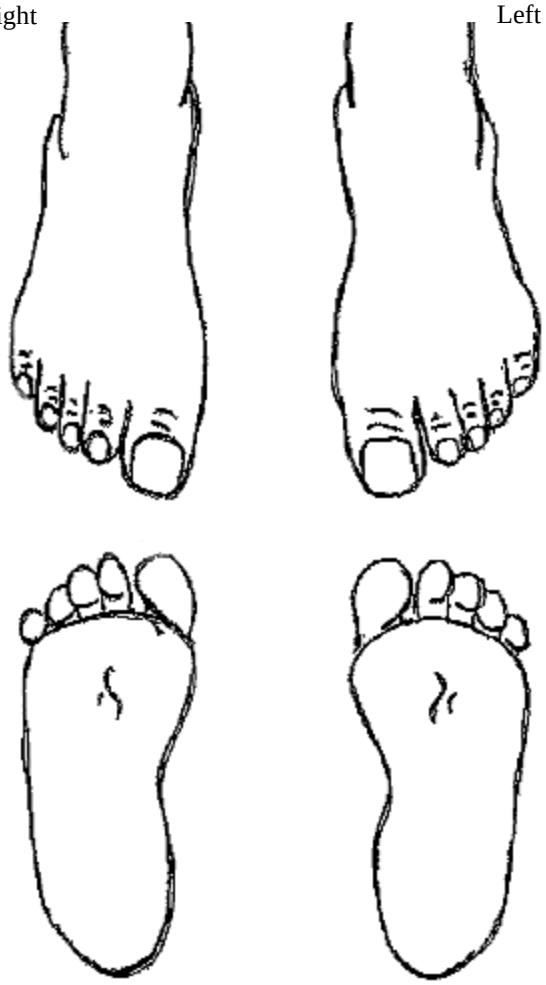
Please answer the following questions:

1. Who referred you to our clinic?
2. What is your main problem?
3. When did it start?
4. What caused it?
5. What treatments have been tried?
6. What helps? What makes it worse?
7. Trend (circle one)
   Better Worse No Change
8. How does your problem limit you?
9. What is your occupation?
10. What type of shoes do you wear?
11. Have you had any foot surgery?
    If yes, what was done, and when?
12. Do you have any active medical problems?

Foot Diagram

1. Shade in the area of your problem.
2. Number the area on a scale of 1-10 according to the pain level
   1 = MILD. Occasional pain
   10 = Worst imaginable pain

Right Left



Office Use Only

Height _____

Weight _____

Pulse _____

A&O ☐
WG ☐
NA ☐

Pulses: R: DP ☐ PT ☐
L: DP ☐ PT ☐
Sensation: Intact R ☐ L ☐
Numb R ☐ L ☐

Diabetes ☐
Nicotine ☐
Antalgic Gait Y N

Scars ☐
Rashes ☐
Lesions ☐
Ulcers ☐

Strength: ↑ ↓
ROM: ↑ ↓
Stability: ↑ ↓
Ankle: ↑ ↓
Subtalar: ↑ ↓
Forefoot: ↑ ↓
1st MTP: ↑ ↓
Lesser toes: ↑ ↓
Body Habitus: ↑ ↓

(Scan: MD Specific Forms)