

Please complete the following questions as COMPLETELY and SPECIFICALLY as possible to help better treat you.

NAME:

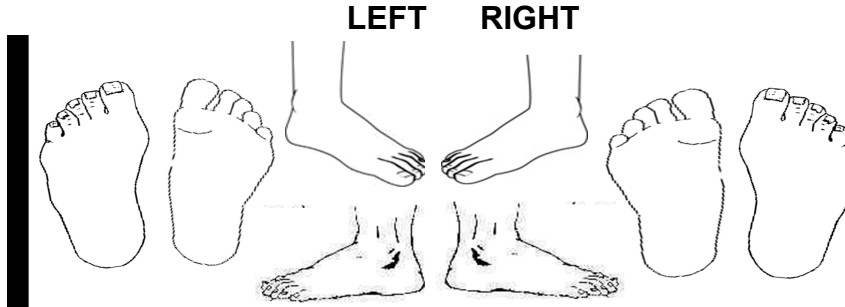
AGE:

HEIGHT& WEIGHT:

SHOE SIZE:

Chief Complaint

What is the main symptom that brings you in to see the doctor, and where is that symptom located?



History of Present Illness

Please rate the severity of your pain?

1 2 3 4 5 6 7 8 9 10

What type of pain are you experiencing?

Sharp Throbbing Dull Ache
 Burning Radiating Localized Other: _____

How long has it been bothering you?

Is your symptom from an injury?

Please describe your injury, along with the date of the injury.

Is there current litigation involved with your injury?

What makes it worse?

Walking Standing Stairs Running
 Weather Shoes Barefoot Other: _____

What makes it better?

Rest Medicine Heat/Ice Other: _____

Who have you seen to treat this problem?

What specific treatment have you had for this problem?

NSAIDs Orthotics Bracing Shoe modification
 Rest Physical Therapy Steroid Injection
 Other: _____

What is this problem preventing you from doing?

What are your expectations for treatment?

Do you have any other musculoskeletal problems?

Do you have any other foot or ankle problems?

