Warren S. Levy, D.P.M, Ltd
530 W. Armitage Ave, Chicago, Il 60614

Tel: (312) 266- 6326
Fax: (312) 266- 6784

MEDICAL INFORMATION

DESCRIBE YOUR FOOT
PROBLEM____
____
____
____
HOW LONG HAS IT BEEN BOTHERING YOU? ___DAYS ____ WEEKS ____MONTHS ____YEARS
WHAT PRIOR PROBLEMS HAVE YOU HAD WITH YOUR FEET, ANKLES, OR LEGS?
____
____
____
SHOE SIZE _____ WEIGHT _____ HEIGHT ________
DO YOU HAVE ANY ALLERGIES? __Yes __No ALLERGY OR SENSITIVE TO __Penicillin __ Vicodin __Tape
__ Codeine __Aspirin __Anesthetics __Iodine ___Other ____
PLEASE LIST ALLERGIES ____
____
DO YOU HAVE ANY STOMACH DISORDERS? __Yes __ No
ANY PROBLEM TAKING ASPIRIN or IBUPROFEN? __Yes __ No

GENERAL HEALTH INFORMATION

ARE YOU IN GOOD HEALTH? __ Yes __ No
ARE YOU DIABETIC? __ Yes __ No IF YES, DO YOU TAKE INSULIN? __ Yes __ No WHAT DOSAGE _______
DO YOU HAVE ANY ILLNESSES? __ Yes __ No
IF YES DESCRIBE ____
____
____
____
WHAT OPERATIONS HAVE YOU HAD ? ____
ARE YOU CURRENTLY UNDER A PHYSICIANS CARE? __Yes __ No
IF YES FOR WHAT CONDITION? ____
NAME OF PHYSICIAN ______________________________ DATE OF LAST VISIT TO DOCTOR _________________
ADDRESS AND TEL. NO. OF PHYSICIAN ____
DO YOU HAVE APROBLEM WITH ANY OF THE FOLLOWING?
__Heart Disease __ Poor Circulation __ High Blood Pressure __ Liver Disease __ Kidney Disease __ Skin __ Lungs
__ Neurological Disorders __ Asthma __ Epilepsy __ Cancer __ Weight Loss __ Gout __ Frequent Infections __ Bladder
__ Stomach or Intestines __ Anemia __ Prolonged Bleeding __AIDS or related complex __ Blood Clots __Varicose veins__ Other
____
____

DO YOU HAVE ANY ARTIFICIAL JOINTS OR IMPLANTS? __Yes __ No
DO YOU HAVE A HEART IMPLANT VALVE? __ yes __ no
IS THERE A FAMILY HISTORY OF? _ Bad Feet __ Heart Disease__ Diabetes __ Circulation problems __Heart Attack
DO YOU SMOKE? __Yes __ No __ packs /day __ years Previously smoked __ Yes __ No ___ packs /day __years
ALCHOHOLIC BEVERAGES? __ none __ rarely __ moderately __ daily __other____________________________
OCCUPATION ___________________________ DOES YOUR JOB KEEP YOU ON YOUR FEET ___ Yes __ No

SIGNATURE ____ DATE ______________