NAMEDOB MEDICAL HISTORY						
BRIEFLY DESCRIBE THE REASON FO	R TODAY'S VISIT:					
ONSET OF SYMPTOMS:						
PREVIOUS TREATMENTS	5:					
ANY IMAGING FOR TOD	AY'S PROBLEM?					
PAST MEDICAL HISTORY: CIR	CLE ALL THAT APPLY					
ASTHMA	COPD	DIABETES TYPE I OR TYPE 2				
ATRIAL FIBULATION	DVT/PE	FIBROMYALGIA				
AUTOIMMUNE DISEASE	GOUT	NEUROPATHY				
TYPE:	HEART DISEASE	PERIPHERAL VASCUALR DISEASE				
BLEEDING DISORDER	HIV	HIGH BLOOD PRESSURE				
CANCER	HEPATITIS	· · · · · · ·				
TYPE	A OR B	C SHOE SIZE:				
DO YOU GIVE PERMISSION TO ACC		N HISTORY? YES NO				
ALLERGIES:	NONE					
PAST SURGICAL HISTORY: JOINT R	FOOT/ANKLE					
SPINE/C	ERVICAL	OTHER				
SOCIAL HISTORY: SMOKE: YE	ES: AMOUNT	_/DAY NO: QUIT NEVER				
ALCOHOL: 1	NO YES AMOUNT,	/WEEK:				
		OUNT/WEEK:				
I CERTIFY TO THE BEST OF MY ABIL HAVE DISCLOSED ALL PERTINENT N		ITION IS TRUE AND ACCURATE AND THA				
<b>SIGNITURE</b> OF PATIENT/GUARDIAN	·	DATE:				