

# McDonough Podiatry

## Patient Information

Date \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Reason for Today's visit \_\_\_\_\_

Current Medications \_\_\_\_\_

Current Medical Condition \_\_\_\_\_

Allergies (Drugs, Food, Tape) \_\_\_\_\_

List any recent surgeries \_\_\_\_\_

**What local Pharmacy do you prefer?** \_\_\_\_\_

**Please indicate which Lab to use if needed: Quest** \_\_\_ **Lab Corp** \_\_\_ **Other** \_\_\_\_\_

Do you have any artificial joints (knee or hip replacements)? \_\_\_\_\_

Do you have Diabetes? \_\_\_\_\_ Do any family members have Diabetes? \_\_\_\_\_

Do you drink Alcohol? \_\_\_\_\_ Do you exercise? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Have you ever smoked? \_\_\_\_\_

Have you recently spent increased time on your feet? \_\_\_\_\_

Please circle any of the following illnesses you have had:

Arthritis	Cancer	Gout	Tuberculosis
Heart problems	Ulcers	Anemia	AIDS
Poor circulation	Bleeding	Poor healing	Nerve problems
Numbness in feet	Back pain	High blood pressure	Liver
Kidney problems	Lung problems	Leg or feet cramping	Stroke
Hepatitis	Psoriasis	Phlebitis (or Blood Clots)	
Infections or contagious disease			