

Medical History

Primary Care Doctor _____ Phone No. _____ Date of Last Exam _____

Describe the condition that brought you to this office _____

If auto accident, date of accident _____

Have you had previous care for this condition? YES NO Dr. _____ Date _____

Whom may we thank for referring you to us? _____

- Expressions City Limits Our City Weston Salud al Dia Parklander
 Weston Lifestyle Estate Lifestyle Weston Express Hospital Insurance Company
 Sport and Activities Pines/Miramar Advisor Davie and the Ranches Parkland Lifestyle Bellsouth
 Doctors Name _____ Patient Name _____ Other _____

Medical: (Please check any of the following if it pertains to you)

- Diabetes Heart Attack Seizures Scar Former High Blood Pressure
 Angina/Chest Pain Phlebitis Thyroid Disorder Angioplasty Hepatitis
 Kidney Disorder Bleeding Disorders Stroke/TIA's Ulcers Asthma
 Mitral Valve Prolapse Circulation Disorder Anemia Hiatal Hernia Cirrhosis
 Human Immunodeficiency Virus (HIV) Other: _____

Allergies:

- Penicillin Aspirin Codeine Novocaine Iodine Tape

Other: _____

Medications (Please include Aspirin, Tylenol, Vitamins and Birth Control Pills)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Previous Surgeries & Hospitalizations:

1. _____ 2. _____ 3. _____ 4. _____

Family History: Diabetes High Blood Pressure Bleeding Tendencies Other

Social History: Smoking Alcohol Recreational Drugs

Do you currently (or in the past) suffer from any of the following?

Podiatric History:

- Flat Feet
 Pain or fatigue in feet & legs with activity
 Heel or arch pain (child or adult)
 Numbness and tingling in feet & toes
 Pain in feet getting out of bed
 Bunions (prominent foot bones)
 Crooked toes (hammertoes)
 Ankle swelling & stiffness
 Ankle instability (easy twisting injuries)
 Leg pain (shin splints)
 Growing pains
 Difficulty running
 Poor coordination with sports
 In toe or out toe gait
 Abnormal foot posture (clubfoot, metadductus)
 Achilles tendon pain

Orthopaedic History:

- Neck pain (cervical discogenic pain)
 Lower back pain (lumbar pain or sciatica)
 Shoulder pain (bursitis) (rotator cuff tendonitis) (impingement)
 Shoulder (rotator cuff) tear
 Shoulder instability (labral tear) (dislocation)
 Tennis elbow/Golfer's Elbow
 Chronic wrist pain
 Carpal Tunnel syndrome (numbness and tingling)
 Trigger finger (catching or locking fingers)
 Hip or knee arthritis
 Knee pain and swelling (cartilage or meniscal tear)
 Knee instability or looseness (ACL ligament tear)
 Bursitis (shoulder, elbow, hip or knee)
 Thigh (hip) pain (that refers down the leg)
 Knee cap (patella) instability (subluxation)

Please complete for Worker's Compensations Injury

Describe Injury:	Type of Job:
How did accident happen?	Date of Accident?
FOR WORKER'S COMPENSATION INJURIES ONLY. You must report your injury to your employer and he must then report it to his insurance carrier. If we do not receive worker's compensation forms to fill out within 60 days, you will be billed and held responsible for payment.	