

History and Physical Examination

04/2013

Name: _____ Date of Birth: _____ Date: _____

Referred By: _____

Chief Complaint: Briefly explain the reason for your appointment and
How long this has been a problem.

Doctor's Notes

Result of an accident? _____ If so, work related? ___

Is employer aware? _____ Date of injury? _____

Previous treatment and result:

Past Medical History/System Review: (circle those that apply)

Diabetes _____ year's / Supervising Physician _____

Sinus Problems	Liver/Gallbladder Disease	Neuropathy/tingling
Eyes/Vision Disorder	Hepatitis	High Blood Pressure/Hypertension
Glaucoma	Kidney Disease	Psychiatric Disorder
Dentures	Bladder Infection/Disorder	Skin Disorder
Cancer	Skin Ulceration	Epilepsy/Seizures
Heart Disease	Large Scar/Keloid	Constipation/Diarrhea
Rheumatic Fever	Thyroid Disease	Pregnancies _____ Births _____
Stroke	Bleeding/Clotting Disorder	Fibromyalgia
Poor Circulation	Sickle Cell	Post Menopause
HIV	Transfusions	Lungs/Breathing Disorder
Bone/Joint Disorder	Asthma/Bronchitis	Neck/Spine Disorder
Hiatal Hernia	Tuberculosis	Stomach Ulcer/Gastritis
Gout	Arthritis (osteo)	Neurological Disorder
Pancreas Disorder	Arthritis (inflammatory)	Last Tetanus Date _____
Other		

Hospitalizations:

Date	Condition	Treatment
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Past Surgical History:

Date	Procedure	Anesthesia	Complications
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Prescription/Over-the-Counter or Herbal Medications:

Name	Dose	Times per Day
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Pharmacy Name: _____ Phone Number: _____

Address / Zip: _____

Name: _____

Medication/Environmental Allergies:

Doctor's Notes

Name	Reaction

Family Medical History:

(foot/ankle deformities, procedures, anesthesia reactions, and medical disorders)

Mother: _____

Father: _____

Siblings: _____

Grandparents: _____

Social History: (check those that apply)

Caffeine amount per day _____

Alcohol amount per day _____

Tobacco amount per day _____

Drugs type, frequency, last use _____

Use: crutches/cane/walker/wheelchair (circle)

Occupation: _____ standing/sitting/mobile (circle)

Shoe Size: _____ oxford/pump/athletic (circle)

Activity/Fitness and Frequency: _____

Date of last Physical Exam: _____ Performed by: _____

“The information supplied is correct to the best of my knowledge.”

Signature _____ **Date** _____

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Examination:

Ht:	Wt:	Pulse:	Temp:	Resp:	B/P:
Vascular:			Right	Left	Location:
Dorsalis Pedis/Perforator:			/3	/3	
Posterior Tibial:			/3	/3	Quality:
Capillary Fill Time:			sec.	sec.	
Claudication:			Y/N	Y/N	Severity: (VAS)
Recent Changes:			Y/N	Y/N	
Rest pain:			Y/N	Y/N	Duration:
Edema:			+/-	+/-	
Varicosities/Telangiectasis/Stasis:			+/-	+/-	Timing:
Homan's sign:			+/-	+/-	
Notes:					Context:

Aggravating Factors:

Integument

Skin: Atrophy, Pale/Discolored, Hairless, Cool, Eruptions, Erythema/Inflammation, Keratosis, Ulcer

Notes:

Nails: Thickened, Discolored, Onycholysis, Subungual debris, Periungual Skin Reaction

Incurvated, Impacted, Nail Fold Hypertrophy, Local Inflammation, Drainage

Name: _____

Neurological

	Right	Left	
Ankle Clonus	+/-	+/-	
Babinski's Sign	+/-	+/-	
Patellar Reflex	/4	/4	
Achilles Reflex	/4	/4	
Vibratory	NI/De	NI/Dec.	Level:
SENSORIUM (5.07 Semmes-Weinstein)	NI/Dec.	NI/Dec.	Level:
Tinel/Valleix	+/-	+/-	Nerve/Location:
Mulder's Sign	+/-	+/-	Interspace:

Musculoskeletal

Muscle mass, tone, symmetry:

Foot Type:

Gross Deformities/Contractures:

	Right	Left
Hallus abducto valgus/metatarsus primus varus	Right 1 2 3 4 5	Left 1 2 3 4 5
Metatarsal Deformity	Right 1 2 3 4 5	Left 1 2 3 4 5
Digital Contracture	Right 1 2 3 4 5	Left 1 2 3 4 5

Notes:

Pain on Palpation-Location:

Range of Motion: (hip, knee, ankle, rearfoot, midfoot, 1st ray, 5th ray, MPJ's, IPJ's)

Pain/Creptus with Motion:

Edema/Erythema/Effusion:

Manual Muscle Testing:

	Right	Left
Dorsiflexion	/5	/5
Plantarflexion	/5	/5
Inversion	/5	/5
Eversion	/5	/5

Stance/Gait Examination: (heel position, assistance, propulsiveness, compensations)

Radiographic:

Impressions:

Doctor's Signature