



Global Podiatry

Trust Your Feet in Our Hands

Simon Donets, DPM
Yelana Barsky, DPM

UNDER 14

Name: _____ Contact Telephone#: _____

Height: _____ Weight: _____ Age: _____ Sex: _____ Shoe size: _____

What Brings You to Our Office: _____

Please describe any complications during pregnancy and/or delivery (C-section?, normal child birth?)

Is the patient able to "keep up" with other children during physical activities (sports)? **Y N**

Do you feel the patient falls more frequently than is normal? **Y N**

Does the patient have a history of sprains, or fractures of the lower extremity (hip, knee, legs, feet)? **Y N**

If yes, when did this occur and how was it treated: _____

Past LOWER EXTREMITY Surgery (HIP, KNEE, ANKLE, FOOT): _____

Hospitalization (recent 10 years): _____

Current Medications: _____

Allergies to medications: _____ Implants?: **Y N**

Please describe any family history of foot problems (Mom, Dad, Siblings):

FAMILY HISTORY/ ROS: Patient Family Please Explain Each **Yes** Answer

Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Lung Problems	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Stomach/Bowel	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Liver Problems	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Skin/nail (ingrown, fungus)	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Other	<input type="checkbox"/>	<input type="checkbox"/>	Y	N

Comments:

DATE: _____

SIGNED: _____