

Bay State Foot & Ankle Specialists, LLC
380 Lowell Street, Suite 102 Wakefield, MA 01880

Name: _____

Date: _____

Height: _____

Weight: _____

Shoe Size: _____

ALLERGIES
(food/medication/metal/latex/other)

ALLERGY

REACTION

No Known Allergies _____

MEDICATIONS
(prescription, vitamins, supplements)

MEDICATION NAME

DOSE

TIMES/DAY

PERSONAL MEDICAL HISTORY
(please check all that apply to you)

Alcoholism/Drug Abuse		High Cholesterol	
Asthma		Hypothyroidism/Thyroid Disease	
Cancer (<i>type: _____</i>)		Renal (kidney) Disease	
Depression/Anxiety/Bipolar/Suicidal		Migraine Headaches	
Diabetes (<i>type: _____</i>)		Stroke	
Emphysema (<i>COPD</i>)		Poor Circulation	
Heart Disease		Other:	
High Blood Pressure (Hypertension)			

SURGERIES (ANY BODY PART)

TYPE

DATE

LEFT/RIGHT

FAMILY HISTORY

UNKNOWN/ADOPTED _____

FAMILY MEMBER

ALIVE/DECEASED

MEDICAL CONDITION

MOTHER		
FATHER		
SIBLING		
SIBLING		

Does anyone in your family have a history of: Diabetes, Cancer, heart attack or stroke? Yes ___ No ___
 If yes, who? _____

SOCIAL HISTORY

Do you drink alcohol? _____ #Drinks/week? _____ What type? _____

Current tobacco smoker? _____ # Packs/day? _____

Former smoker? _____ Quit Date? _____ # Years Smoked? _____

Other tobacco products? _____ E-cigarettes? _____

Do you use marijuana or other recreational drugs? _____

Other illicit drugs? _____ If yes, what? _____

Have you ever used recreational injectable drugs? _____

Do you exercise? _____ What Type? _____ How many times/week? _____

REVIEW OF SYSTEMS

(Please mark 'x' if you have any of these symptoms)

General ___ Nausea ___ Night sweats ___ Fatigue ___ Fever ___ Weight gain/loss ___ Loss of appetite	Gastrointestinal ___ Abdominal pain ___ Constipation ___ Blood in stool ___ Vomiting ___ Stomach Ulcers ___ Diarrhea ___ Heartburn	Neurological ___ Tingling/numbness ___ Weakness ___ Balance problems ___ Seizures ___ Poor memory ___ Tremors ___ Paralysis
Eyes, Ears, Nose, Mouth, Throat ___ Dizziness ___ Glaucoma ___ Hearing loss ___ Headaches ___ Vision loss ___ Dental problems ___ Nasal congestion ___ Sore throat	Genitourinary ___ Kidney stones ___ Urinary tract infections ___ Kidney disease ___ Excessive urination	Endocrine ___ Excessive thirst ___ Thyroid problems ___ Osteoporosis ___ Temperature intolerance
Cardiovascular ___ Leg pain when walking/cramps ___ Irregular heart beat ___ Chest pain ___ Varicose veins ___ Leg swelling ___ Cold hands/feet ___ Easy Bruising	Musculoskeletal ___ Back pain ___ Joint swelling ___ Muscle weakness ___ Sciatica ___ Neck pain ___ Joint stiffness ___ Joint pain ___ Joint instability ___ Difficulty walking	Hematologic ___ Sickle cell disease/trait ___ Clotting disorder ___ Anemia ___ Bleeding problems ___ Use of blood thinners
Respiratory ___ Difficulty breathing ___ Shortness of breath ___ Coughing	Integumentary ___ Hives/Rash ___ Itching ___ Hair loss ___ Keloids ___ Nail Abnormality ___ Dry skin ___ Lower leg ulcer	Allergy/Immunology ___ Hives/rash ___ Sinus congestion ___ Seasonal allergies ___ Food intolerance