

Michigan Foot & Ankle Institute, P.C.
586-228-2255

Welcome to our office

Patient's Family Doctor: _____ Phone: _____

Please list medications you are allergic to: _____

Please list medications you take regularly: _____

Do you have diabetes? _____ Insulin Dependent? _____

Is there a family history of diabetes? _____ Height: _____ Weight: _____

List any past surgical history: _____

If you have had or have any of the following, please circle:

Heart Trouble _____
Anemia _____
Kidney Trouble _____
Circulation Disease _____
High Blood Pressure _____
Rheumatic Fever _____
Cancer _____
Stomach Ulcers _____
Epilepsy _____
Bleeding Tendencies _____
Psychological _____
Hepatitis _____
AIDS _____

Nervousness _____
Stroke _____
Varicose Veins _____
Glaucoma _____
Arthritis/Rheumatism _____
Tuberculosis _____
Tumors _____
Gout _____
Polio _____
Arteriosclerosis _____
Asthma _____
Liver Trouble _____
Leg Cramps _____

Are you in: () Good health () Fair health () Poor health

Are you pregnant? Yes No

Are you subject to prolonged bleeding or healing difficulties?: _____

Do you bruise easily? _____

Do you have low back pain? _____

Tobacco Use: Yes No How much? _____

Alcohol Consumption: Yes No How much? _____

My Foot/Ankle problem is: _____

How long have you had this problem? _____

Is there anything else we should know?: _____

Signed: _____ Date: _____

If signed as Parent/Guardian, state relationship to patient: _____