

HILL COUNTY FOOT AND ANKLE SPECIALIST
PERSONAL HISTORY

Patient Name: _____

How did you hear about us: _____

Reason for the visit today: _____

How long has this been bothering you? _____

What have you done to treat this? _____

Medications	Medication Allergies	Surgeries
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____

Do you use tobacco products or alcohol? Tobacco Alcohol

Have you ever been treated for the following:
Diabetes Gout Stroke Asthma Hepatitis Depression

Arthritis (please specify type) _____

Cancer (please specify type) _____

Heart Attack Heart Problems Kidney Problems Liver Problems Back Pain

Painful Urination Gastric Reflux Stomach Ulcer Stomach Pain

High Blood Pressure Blood Clots or Phlebitis Congestive Heart Failure

Please circle all that apply to your family history:

Adopted Diabetes Cancer Stroke Depression Kidney Heart Problem Heart Attack
Other