Lexington Podiatry
A Lexington Medical Center Physician Practice

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Lexington Medical Center

Patient History

Patient Name: _____

Address: _____ Phone Number: _____

Today's Date: _____ Chart Number: _____

Ingrown Toenail(s): Infected? ☐ Yes ☐ No

If Yes, are you on an antibiotic? ☐ Yes ☐ No If Yes, Date Started: _____

Is the foot pain due to an injury? ☐ Yes ☐ No If Yes, where did the injury occur? ☐ Home ☐ Work

Circle your level of pain (10 being the highest level of pain): 1 2 3 4 5 6 7 8 9 10

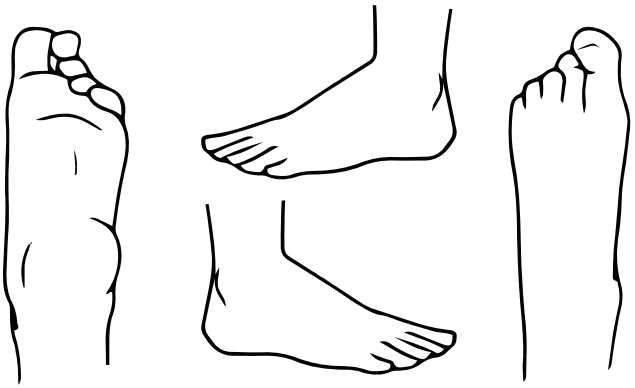
Describe Type of Pain:

☐ Aching Pain ☐ Sharp Pain ☐ Burning Pain ☐ Tingling Pain ☐ Numbness

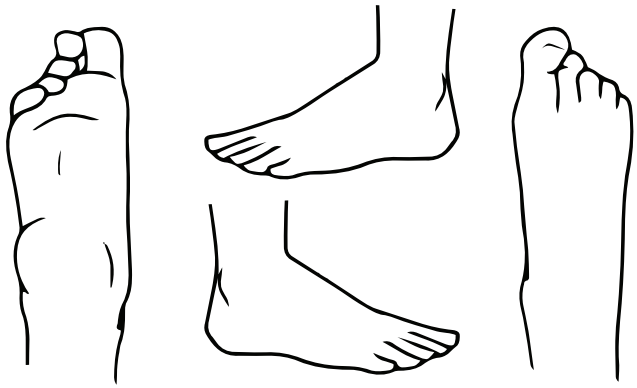
☐ Other: _____

Where does it hurt? (Circle and describe the painful area)

Left Foot



Right Foot



_____

_____

_____

_____

_____

How long have you had pain or this condition? _____

Have you been treated for or have you had surgery for this pain or condition? ☐ Yes ☐ No

MEDICAL ALERTS (PLEASE CHECK ALL THAT APPLY)

☐ Aspirin (Taken daily)	☐ Plavix®/Clopidogrel	☐ Aggrenox®/Dipyridamole	☐ Naproxen/Naprosyn®
☐ Aleve®	☐ Celebrex®	☐ Voltaren®/Diclofenac	☐ Lovenox® Enoxaparin Injection
☐ Coumadin®/Warfarin	☐ Pradaxa®/Dabigatran	☐ Sulindac	☐ Fish Oil/OMEGA 4/Krill Oil
☐ Neurontin®	☐ Mobic®/Meloxicam	☐ Ibuprofen/Motrin®/Advil®	☐ Indocin®
☐ Lodine®	☐ Vitamin E	☐ Black Cohosh	☐ Hormone Replacement

Birth Control: ☐ Pill ☐ Patch ☐ Injection

History of Tobacco Use: ☐ Never ☐ Quit ☐ Smokes _____ packs of cigarettes a day for _____ years
☐ Cigars _____/day ☐ Pipe

PATIENT AND FAMILY MEDICAL HISTORY (PLEASE CHECK ALL THAT APPLY)

	SELF	FATHER	MOTHER	SIBLINGS		SELF	FATHER	MOTHER	SIBLINGS
Blood Clot/DVT	☐	☐	☐	☐	Neuropathy	☐	☐	☐	☐
Blood Disorder	☐	☐	☐	☐	Heel Pain	☐	☐	☐	☐
Kidney Disease	☐	☐	☐	☐	Bunions	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	Ulcers	☐	☐	☐	☐
Foot Pain	☐	☐	☐	☐	MRSA	☐	☐	☐	☐
Fracture	☐	☐	☐	☐	HIV/AIDS	☐	☐	☐	☐
Infection	☐	☐	☐	☐	Heart Murmur	☐	☐	☐	☐
Nail Fungus	☐	☐	☐	☐	Stroke	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	Seizure	☐	☐	☐	☐
Heart Attack	☐	☐	☐	☐	Angina	☐	☐	☐	☐
CVA	☐	☐	☐	☐	AFIB	☐	☐	☐	☐
Arrhythmia	☐	☐	☐	☐	Vericose Veins	☐	☐	☐	☐
MVP	☐	☐	☐	☐	COPD	☐	☐	☐	☐
Phlebitis	☐	☐	☐	☐	Gout	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	Arthritis	☐	☐	☐	☐
RSD	☐	☐	☐	☐	Depression	☐	☐	☐	☐
TB	☐	☐	☐	☐	Drug Abuse	☐	☐	☐	☐
Warts	☐	☐	☐	☐	Alcohol Abuse	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	Abscess/Cellulitis	☐	☐	☐	☐
Toe Pain	☐	☐	☐	☐	Hammer Toes	☐	☐	☐	☐
Ingrown Toenail	☐	☐	☐	☐	STAPH	☐	☐	☐	☐
Hepatitis Type: _____	☐	☐	☐	☐	Congestive Heart Failure	☐	☐	☐	☐
Coronary Artery Disease	☐	☐	☐	☐	Peripheral Artery Disease	☐	☐	☐	☐
Aneurysm	☐	☐	☐	☐	Epilepsy	☐	☐	☐	☐
Thyroid Disease	☐	☐	☐	☐	Swollen Feet/Ankles	☐	☐	☐	☐
Rheumatoid Arthritis	☐	☐	☐	☐	Acid Reflux/GERD	☐	☐	☐	☐
Hypertension (High Blood Pressure)	☐	☐	☐	☐	Hypotension (Low Blood Pressure)	☐	☐	☐	☐

List history of other medical conditions here: _____

_____

SURGICAL PROCEDURES (PLEASE CHECK ALL THAT APPLY)

- ☐ Bunion
- ☐ Hammertoes
- ☐ Morton's Neuroma
- ☐ Plantar Fasciitis
- ☐ Stomach
- ☐ Amputation: _____
- ☐ Cancer: _____
- ☐ Gall Bladder
- ☐ Tonsils/Adenoids
- ☐ Appendix
- ☐ Hysterectomy
- ☐ Brain
- ☐ Hip Replacement
- ☐ Knee Replacement
- ☐ Back Surgery
- ☐ Eyes/Cataracts
- ☐ Joint Replacement in Foot
- ☐ Other Foot Surgery: _____
- ☐ Melanoma
- ☐ Cyst Removed
- ☐ Lymph Glands Removed
- ☐ Achilles Tendon

Implants: ☐ Pacemaker ☐ ICD/Defibrillator ☐ Heart Stents ☐ Insulin Pump

Screws, Pins, Rods, Clips in: ☐ Feet/Toes ☐ Knees ☐ Hips ☐ Spine ☐ Neck ☐ Hands/Fingers ☐ Wrist/Arms ☐ Brain

☐ Other Stents: _____ ☐ Other Implants: _____ ☐ Copy Implant Card

ALLERGIES (PLEASE CHECK ALL THAT APPLY)

- ☐ None
- ☐ Iodine Dye
- ☐ Sulfa
- ☐ Sutures
- ☐ Tape
- ☐ Keflex®
- ☐ Metals
- ☐ Latex
- ☐ Amoxicillin
- ☐ Iodine on Skin
- ☐ Aspirin
- ☐ Cipro®
- ☐ Morphine
- ☐ Demerol®
- ☐ Codeine
- ☐ Bactrim®
- ☐ Levaquin®
- ☐ Augmentin™

List others here: _____

PRESCRIPTIONS, INCLUDING DOSAGE (COPY FROM BOTTLES FOR ACCURACY)

MEDICATION NAME	DOSAGE

☐ CPAP ☐ Nebulizer ☐ Oxygen ☐ Insulin Pump

Are you taking chemotherapy or have you recently completed chemotherapy? ☐ Yes ☐ No

Are you taking an antibiotic? ☐ Yes ☐ No When did you start: _____

VITAMINS, HERBS, AND SUPPLEMENTS (PLEASE CHECK ALL THAT APPLY)

- ☐ Multi-Vitamin Only
- ☐ Vitamin C _____ units
- ☐ Potassium _____ units
- ☐ Vitamin E _____ units
- ☐ Niacine B3 _____ units
- ☐ 5-HTP
- ☐ Vitamin B Complex
- ☐ Biotin B6 _____ units
- ☐ Calcium _____ units
- ☐ Vitamin B12 _____ units
- ☐ Vitamin K _____ units
- ☐ St. John's Wort
- ☐ Vitamin D + Calcium Complex
- ☐ Magnesium _____ units
- ☐ Vitamin D _____ units
- ☐ Folic Acid-B9 _____ units
- ☐ Glucosamine-Chondroitin
- ☐ Red/Brown Rice Yeast

List others here: _____