



The Pampered Foot Patient Medical History Form

Name: _____ Date: _____

What foot problems are you having?

For how long? _____

Any previous treatment? _____

Past Medical History; please circle any current or prior conditions

- | | |
|---------------------|------------------------|
| Diabetes | Hip/knee pain |
| Heart problems | Fractures |
| Stroke | Arthritis |
| Blood clots | Gout |
| Bleeding disorders | Immune disorders |
| Poor circulation | Cellulitis or gangrene |
| Leg/foot swelling | Kidney problems |
| High Blood pressure | Cancer |
| Leg/foot numbness | Seizures |
| Burning or tingling | Asthma |
| Weakness | Hepatitis |
| Other _____ | |

Past Surgical History

Tobacco use: _____ Alcohol use: _____

Medications: list all medications as well as what you take them for

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

List all allergies to medicines and chemicals:

Have you experienced any allergic reactions or adverse effects from latex or tape? _____