MADISON FOOT & ANKLE CARE, P.A.

Eric E. Barton, D.P.M.

PATIENT NAME: _____

PERSONAL HEALTH HISTORY

HAVE YOU EVER HAD THE FOLLOWING?

	Y	N	?		Y	N	?
Foot or Leg Injuries	❑	❑	❑	Liver Disease	❑	❑	❑
Foot or Leg Surgery	❑	❑	❑	Hepatitis	❑	❑	❑
Foot or Leg Cramping	❑	❑	❑	Stomach Ulcers	❑	❑	❑
Foot/Leg Numbness	❑	❑	❑	Kidney Disease	❑	❑	❑
Foot/Ankle Swelling	❑	❑	❑	Stroke	❑	❑	❑
Unequal Leg Length	❑	❑	❑	Fainting Spells	❑	❑	❑
Knee Pain	❑	❑	❑	Convulsions	❑	❑	❑
Hip Pain	❑	❑	❑	Seizures	❑	❑	❑
Low Back Pain	❑	❑	❑	Arthritis	❑	❑	❑
Heart Disease	❑	❑	❑	Skin Disorders	❑	❑	❑
Heart Attack	❑	❑	❑	Diabetes	❑	❑	❑
High Blood Pressure	❑	❑	❑	Polio	❑	❑	❑
Rheumatic Fever	❑	❑	❑	Gout	❑	❑	❑
Circulation Problems	❑	❑	❑	Cancer	❑	❑	❑
Arteriosclerosis	❑	❑	❑	Infectious Diseases	❑	❑	❑
Varicose Veins	❑	❑	❑	Anemia	❑	❑	❑
Lung Disease	❑	❑	❑	Bleeding Disorders	❑	❑	❑
Asthma	❑	❑	❑	Are you Pregnant?	❑	❑	❑

ARE YOU ALLERGIC OR SENSITIVE TO:

	Y	N	?		Y	N	?
Medications	❑	❑	❑	Anesthetics	❑	❑	❑
Adhesive Tape	❑	❑	❑	Foods	❑	❑	❑

Other: (describe)

_____
_____
_____
_____
_____

CURRENT MEDICATIONS:

Name: Dosage:

_____
_____
_____
_____
_____
_____
_____

_____ _____

SIGNATURE OF PATIENT **TODAY'S DATE**
(OR PARENT/LEGAL GUARDIAN IF UNDER 18)