

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Primary Physician \_\_\_\_\_

Problem with:  Right Foot  Left Foot Estimated date first noticed problems: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this due to injury?  Yes  No Was injury work related?  Yes  No

Currently working?  Yes  No How did injury occur : \_\_\_\_\_

Prior Ankle/Foot surgery?  Yes  No If yes, list date, procedure and doctor \_\_\_\_\_

How would you rate your worst pain?  1 (No pain),  2,  3,  4,  5,  6,  7,  8,  9 and  10 (severe pain)

Problem is presently:  Worsening  Unchanged  Improving

The pain is?  Constant  Intermittent

Location?  Ankle \_\_\_\_\_  Lateral (outside)  Medial (inside)

Posterior (back)  Anterior (front)

Foot  Midfoot  Forefoot (toes)  Hindfoot (heel)

Quality?  Sharp  Dull  Burning  Throbbing

Tingling  Electric Shocks

Timing?  Night  Morning  At Work  During Exercise  After Exercise

**Activities which were interfered with include:**

- Sports  Walking  Shopping  Stair Climbing  Waking or Sleeping
- Running  Gardening  Working  Kneeling  Squatting  Rising from a chair
- Other \_\_\_\_\_

**Treatments that have been tried include:**

- Anti Inflammatory \_\_\_\_\_  Helped?  Not Helped  Physical Therapy  Helped?  Not Helped
- Pain Medications \_\_\_\_\_  Helped?  Not Helped  Crutches/Cane  Helped?  Not Helped
- Exercises  Helped?  Not Helped  Injection  Helped?  Not Helped
- Reduced Activity  Helped?  Not Helped  MRI
- Bracing  Helped?  Not Helped  Other \_\_\_\_\_

**Review of Systems: Any Changes since the last visit with the following: Circle & Explain**

- Weight Loss  Mouth/Throat  Kidneys/Bladder
- Fevers  Heart  Skin
- Eyes  Lungs  Nerves/Anxiety/Depression
- Ears  Stomach  Bleeding/Clotting
- Nose  Bowels  Recurrent Infections

Explain: \_\_\_\_\_

New Medication?: \_\_\_\_\_

Recent Surgery?: \_\_\_\_\_

Any Questions for Dr. Gavin that you would like answered?: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_