

DR. DAVID CARMACK, PLLC

Patient Name: _____

_____ Date of Birth: _____

Podiatric History

Chief Complaint: (Brief explanation for your visit)

Describe Type of Pain:

Dull Aching Sharp Shooting

Throbbing Burning Tingling

Cramping Numbness

Other _____

Location: Right Left Both

Foot Ankle Lower leg

Please list any previous treatments:

Medical History:

(Please check all that apply, in the past and present)

Aids/HIV

Anemia

Anxiety

Arthritis

Artificial Heart Valve

Artificial Joint

Asthma

Back Problems

Diabetes Mellitus Type

Emphysema

Bleeding Disorder

Bipolar Disorder

Blood clot/ DVT

Bypass surgery

Cancer Type _____

Chemical Dependence

Chest Pain

Depression

Intestinal Disorder

Kidney disease

Eye Disorder ___

Liver Disease ___

Fibromyalgia ___

Low Blood Pressure ___

Gastric Reflux ___

Neuropathy ___

Gout ___

Pacemaker ___

Heart attack ___

Paralysis ___

Heart Murmur ___

Psoriasis ___

Heart failure ___

Rheumatic Fever ___

Hepatitis ___

Seizure Disorder ___

High Blood Pressure ___

Stoke ___

High Cholesterol ___

Stomach Ulcers ___

Medication Allergies:

(Please list any known allergies in the space provided)

Lidocaine **Y N**

Steroids **Y N**

Penicillin **Y N**

Betadine **Y N**

Sulfa Antibiotics **Y N**

IV Dye **Y N**

Other: _____

Medications:

(Please list any medications that you are currently taking below, or provide a list to be photocopied)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preferred Pharmacy: _____

Surgical History:

(Please list any major surgeries that you have had)

Social History:

Occupation: _____ Marital Status: _____
Do you smoke/Vape? _____ Amount/Frequency: _____
Do you consume alcohol? _____ Amount/ Frequency: _____
Recreational Drugs: _____

Family History:

(Medical conditions of grandparents, parents, siblings, etc and your relationship.)

Heart Disease: _____ Diabetes Mellitus: _____
High Blood Pressure: _____ Stroke: _____
Heart Attack: _____ Gout: _____
Neuropathy: _____ Foot Problems: _____
OTHER: _____

Height: _____ **Weight:** _____ **Shoe Size:** _____