PINKER & ASSOCIATES
47 BROOKWOOD AVENUE
CARLISLE, PA 17015
TELEPHONE: 717-243-2236 FAX: 717-243-6536

****** PATIENT HEALTH HISTORY ******

NAME: _____ SHOE SIZE: _____
DOB: _____ HEIGHT: _____ Weight: _____
FAMILY PHYSICAN : _____ Blood Pressure: _____

NATURE OF FOOT PROBLEM: _____

PAST SURGICAL HISTORY: _____
_____

PAST MEDICAL HISTORY:

_____ ABNORMAL HEART CONDITION
_____ AIDS/HIV
_____ ANEMIA
_____ ANTIBIOTICS TAKEN PRIOR TO SURG / DENTAL FOR:_____
_____ ARTHRITIS ____ OSTEO ____ RHEUMATOID
_____ ASTHMA
_____ BRONCHITIS
_____ CANCER
_____ DIABETES _____ TYPE 1 _____ TYPE 2
_____ EPILEPSY (SEIZURE DISORDER)
_____ GASTROINTESTINAL DISEASE
_____ GOUT X _____YRS.
_____ HEART ATTACK
_____ HEART MURMUR
_____ HEPATITIS
_____ HIGH BLOOD PRESSURE
_____ HIGH CHOLESTEROL
___ KIDNEY DISEASE
_____ LIVER DISEASE
_____ MULTIPLE SCLEROSIS
_____ OSTEOPOROSIS
_____ PARKINSON'S DISEASE
_____ PREGNANCY ____ CURRENT ____ RECENT
_____ PROSTATE
_____ RHEUMATIC FEVER
_____ STOMACH ULCERS
_____ STROKE
_____ THYROID ____HYPO OR ____ HYPER
_____ TUBERCULOSIS
_____ OTHER _____

TOBACCO USE: ____ YES ____ NO SMOKELESS TOBACCO: ____ YES ____ NO QUIT DATE: _____
ALCOHOL USE: ____ YES _____ NO

FAMILY HISTORY: (x) MOTHER FATHER

UNKNOWN		
CANCER		
DIABETES		
HEART DISEASE		
OTHER		

ALLERGIES: _____ASPIRIN _____CODEINE _____LOCAL ANESTHETIC _____PENICILLIN
_____SULFA MEDICATIONS _____OTHER:_____

LIST CURRENT MEDICATIONS: (MAY PROVIDE LIST)

DRUG NAME	DOSAGE/TAKEN	DRUG NAME	DOSAGE/TAKEN

Flu Vaccination: _____ Pneumonia Vaccination: _____
FALLS:____