

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

NAME: _____ **DOB:** _____ **SHOE SIZE:** _____
BLOOD PRESSURE _____ **HEIGHT:** _____ **Weight:** _____
FAMILY PHYSICIAN : _____ **DIABETES DR:** _____
NATURE OF FOOT PROBLEM: _____
PAST SURGICAL HISTORY: _____

PAST MEDICAL HISTORY:

ABNORMAL HEART CONDITION HEPATITIS
 AIDS/HIV HIGH BLOOD PRESSURE
 ANEMIA HIGH CHOLESTEROL
 ANTIBIOTICS TAKEN PRIOR TO SURG / DENTAL FOR: _____ KIDNEY DISEASE
 JOINT REPLACEMENT _____ LIVER DISEASE
 ARTHRITIS OSTEO RHEUMATOID MULTIPLE SCLEROSIS
 ASTHMA OSTEOPOROSIS
 BRONCHITIS PARKINSON'S DISEASE
 CANCER PREGNANCY CURRENT RECENT
 DIABETES TYPE 1 TYPE 2 A1C
 _____ PROSTATE
 EPILEPSY (SEIZURE DISORDER) RHEUMATIC FEVER
 GASTROINTESTINAL DISEASE STOMACH ULCERS
 GOUT X _____ YRS. STROKE
 HEART ATTACK THYROID HYPO OR HYPER
 HEART MURMUR TUBERCULOSIS
 _____ OTHER _____
 _____ IMPLANTED MEDICAL DEVICE _____

TOBACCO USE: YES NO **SMOKELESS TOBACCO:** YES NO VAPING _____
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: _____ NO KNOWN ALLERGIES

LIST CURRENT MEDICATIONS: (MAY PROVIDE LIST)

DRUG NAME	DOSAGE/TAKEN	DRUG NAME	DOSAGE/TAKEN

Flu Vaccination: _____ Pneumonia Vaccination: _____
 # FALLS: _____