

## Reason for Visit

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

What type of foot problem are you having today?

When did the problem start?

Have you had this problem before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you injure or traumatize your foot? \_\_\_\_\_ Yes \_\_\_\_\_ No. Please explain the event.

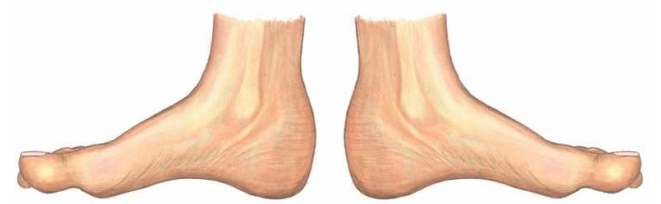
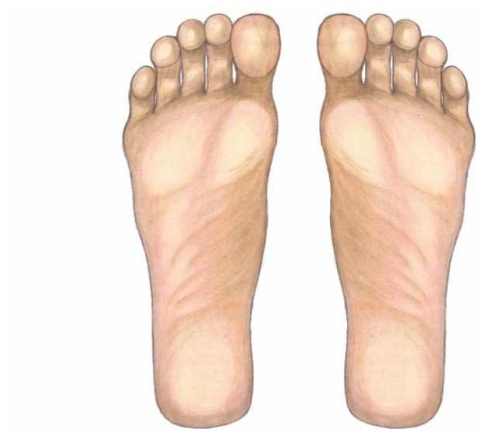
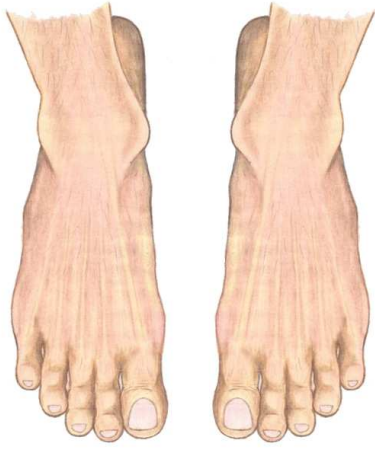
Has the problem improved, unchanged or worsened? (Circle one)  
What makes the problem worse?

How have you treated your condition?

Have you been treated by another physician for this problem? \_\_\_\_\_ Yes \_\_\_\_\_ No. Please List.

List any medicines you've taken for the problem:

Mark the area(s) of pain:



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