

**VITTORI FOOT & ANKLE SPECIALIST – DR. CHRISTOPHER M. VITTORI**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

What brings you to our office?: \_\_\_\_\_

PRIMARY CARE PHYSICIAN(s): \_\_\_\_\_

General Health:      GOOD      FAIR      POOR

Do you have diabetes? \_\_\_\_\_      Last Blood Sugar: \_\_\_\_\_      Diabetes in Family: \_\_\_\_\_

Do you have pain, cramps, numbness, swelling, tingling in your feet or legs?      Y      N

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

Do you bruise easily?      Y      N      Do you have low back pain?      Y      N      Do you have any implants?      Y      N

**CURRENT MEDICATIONS:**

List: \_\_\_\_\_

Do you smoke?      Y      N      How much? \_\_\_\_\_      Do you drink?      Y      N      How much? \_\_\_\_\_

PAST SURGERY: \_\_\_\_\_

PAST HOSPITALIZATION: \_\_\_\_\_

ALLERGIES:      Y      N

List: \_\_\_\_\_

**FAMILY HISTORY/ROS:**

	Patient	Family
Heart Trouble		
High Blood Pressure		
Kidney Problems		
Lung Problems		
Asthma		
Stomach/Bowel		
Liver Problems		
Circulation		
Varicose Veins		
Epilepsy/Seizures		
Arthritis		
Cancer		
Bleeding Problems		
Venereal Disease		
Other		

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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DATE: \_\_\_\_\_

SIGNED \_\_\_\_\_