



Saguaro Surgical

General, Robotic, Endocrine, Breast & Vascular Surgery



SONORAN
FOOT & ANKLE INSTITUTE

PODIATRY REVIEW OF SYSTEMS

Patient Name: _____ Date: _____

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING PROBLEMS? (PLEASE CIRCLE)

GENERAL:

Fever Sweats Chills Weight Gain or Loss Fatigue Skin Rash Lymph node swelling
Other: _____ or NONE OF THE ABOVE

HEAD, EYES, EARS, NOSE and THROAT:

Headache Congestion Runny Nose Vision Changes Difficulty Swallowing Sore Throat
Other: _____ or NONE OF THE ABOVE

RESPIRATORY/CARDIOVASCULAR

Coughing/Wheezing Difficulty Breathing Shortness of Breath Chest tightness/pain Palpitations
Other: _____ or NONE OF THE ABOVE

GASTROINTESTINAL:

Changes in appetite Constipation Diarrhea Nausea/vomiting Indigestion/heartburn
Other: _____ or NONE OF THE ABOVE

KIDNEY, URINATION:

Frequent urination Pain with urination Blood in urine Urgency Kidney Disease
Other: _____ or NONE OF THE ABOVE

MUSCULOSKELETAL:

Cramping in the calves, Thighs or Buttock Joint Pain Joint Stiffness Foot Deformity
Other: _____ or NONE OF THE ABOVE

NEUROLOGIC:

Numbness Weakness History of Stroke
Other: _____ or NONE OF THE ABOVE

ENDOCRINE:

Hypothyroid Hyperthyroid Type 1 Diabetes Type 2 Diabetes
Other: _____ or NONE OF THE ABOVE

FUNCTIONAL:

Depression Anxiety Difficulty sleeping Under Psychiatric care
Other: _____ or NONE OF THE ABOVE

PODIATRY HISTORY:

Foot Pain	Fracture	Plantar Fasciitis	Nail Fungus	Foot Ulcer
Joint Pain	Ingrown Toenail	Low Arches	Athletes' Foot	Neuropathy
Bunion	Shin Splints	High Arches	Gout	Charcot
Hammertoe	Heel Pain	Callus	Warts	Clubfoot

PRIOR SURGERY _____

Other: _____ or NONE OF THE ABOVE

FAMILY HISTORY:

Mother	Age _____	Alive	Deceased	Cause of Death _____
Father	Age _____	Alive	Deceased	Cause of Death _____
Brother(s)	Ages _____	Alive	Deceased	Cause of Death _____
Sister(s)	Ages _____	Alive	Deceased	Cause of Death _____
Children	Ages _____	Alive	Deceased	Cause of Death _____