

Kevin R. Higgins, D.P.M.

Name _____

Date _____

Height _____

Weight _____

PAST MEDICAL HISTORY

Please check (x) if you have ever had any of the following

- No Past Medical Problems
- Anxiety / Depression
- Arthritis
 - degenerative
 - fibromyalgia
 - lupus
 - rheumatoid
 - other _____
- Asthma
- Blood Disorder
 - anemia
 - clotting disorder
 - leukemia
- Cancer
 - bladder
 - breast
 - cervical
 - colon
 - lung
 - myeloma
 - prostate
 - skin
 - other _____
- Circulation Problems
 - phlebitis
 - varicose veins
 - peripheral vascular dis.
 - stroke
- Diabetes
 - insulin dependent
 - adult onset
 - well controlled
 - not well controlled
- Ear / Hearing Problems
- Eye Problems
 - Cataracts
 - Glaucoma
- Elevated Cholesterol
- Gout
- Heart Trouble
 - atrial fibrillation
 - coronary artery disease
 - irregular heartbeat
 - mitral valve prolapse
 - tachycardia
- Herniated Disc
- High Blood Pressure
- HIV Positive
- Thyroid Disorder

- Intestinal Problems
 - acid reflux
 - Chron's disease
 - irritable bowel
 - stomach ulcers
- Kidney Disease
 - dialysis
 - transplant
- Liver Disease
 - hepatitis
 - fatty liver
 - transplant
- Peripheral Neuropathy
- Prolonged Bleeding
- Rheumatic Fever
- Seizure Disorder
- Tuberculosis
- Other _____

MEDICATIONS

Include non-prescription

- None List attached

ALLERGIES

- No Known Drug Allergies
- Latex
- Local anesthetic
- Codeine
- Iodine
- Penicillin
- Sulfa
- Other _____

PAST SURGICAL HISTORY

Include year of procedure

- No Prior Surgeries
- Tonsils
- Appendix
- Gall Bladder
- Hernia
- Hemorrhoids
- Bariatric surgery
- Heart angioplasty
- Heart bypass
- Coronary artery stent

- Heart valve
- Pacemaker
- Leg – angioplasty / bypass
- Organ transplant
- Mastectomy
- Pelvic laparoscopy
- Bladder suspension
- C-section
- Tubal ligation
- Hysterectomy
- Prostate surgery
- Vasectomy
- Bone & joint
 - neck
 - back
 - shoulder
 - elbow
 - hand
 - hip / replacement
 - knee / replacement
 - ankle
 - foot
 - amputation
 - Other _____

FAMILY HISTORY

Applies to parents, grandparents or siblings

- No Family Medical Problems
- Diabetes
- Cancer
- Foot problems
- Heart disease
- High blood pressure
- Stroke
- Obesity

SOCIAL HISTORY

- No current alcohol use
- Social use
- Prior history of alcohol abuse
- Alcohol consumption 1-3 per week
- Alcohol consumption 4+ per week
- Current use of tobacco products
- Occasional use of tobacco products
- Prior history of tobacco/smoking
- No history of tobacco/smoking
- No current drug abuse
- Prior history of drug abuse
- Prior history of IV drug use
- Current drug abuse

REVIEW OF SYSTEMS

Please check any that correspond to your symptoms

- No Current Medical Problems Except as listed below

Constitutional

- Fever / chills
- Recent illness
- Weight loss

Cardiovascular

- Chest pain
- Palpitations
- Shortness of breath
- Cold feet
- Leg cramps

Dermatological

- Rash
- Redness
- Itching

Lymphatic / Hematologic

- Swelling lower extremities
- Easy bruising
- Poor wound healing

Musculoskeletal

- Low back pain
- Hip pain
- Knee pain
- Foot/ankle pain
- Pain at worst, 0-10 _____

Nervous System

- Extremity weakness
- Extremity burning
- Extremity numbness
- Extremity tingling

Endocrine

- Frequent urination
- Excessive thirst
- Dramatic weight change

Female Reproductive

- Currently pregnant
- Breastfeeding

