

PODIATRY QUESTIONNAIRE

NAME: _____

DATE: _____

Pain Rating

0 1 2 3 4 5 6 7 8 9 10

Location of pain: Foot Ankle Right Left Focal



Describe the nature of pain:

Sharp Dull Aching Shooting Burning Throbbing Numbness Tingling Constant
 Intermittent Radiates: _____

Has the pain: improved worsened stayed the same

Explain: _____

Aggravating factor(s):

Bending Twisting Kneeling Squatting Pushing Lifting Standing Stair climbing Shoe gear
 Running Long distance walking or other: _____

Prior Treatment(s):

Orthotics Night splints Cam walker Cast Splints Compression leg wear NASIDS
 Shoe gear Physical therapy X-rays MRI CT Bone Scan Other _____

Present Height: _____ Present Weight: _____ MOS/Job: _____ Unit: _____

Deployment/PCS/ ETS/ MEB/ Retirement (circle one) Date: _____

Is this injury directly related to deployment? Yes No

Allergies to medicines? Yes No If yes, list allergies: _____

List all medical condition : _____

Family history: _____

List all previous surgeries: _____

Do you smoke: Yes No (packs/Day): _____ How many years: _____

Do you drink: Yes No (amount/week) : _____

In the past 2 week, have you mentally experienced any of the following?

1. Feelings down, Depressed, or Lost pleasure in doing things you enjoy?
Yes No

2. Do you have any concerns about physical or emotional abuse or your safety at home?
Yes No

3. In the past 2 weeks have felt hopeless or had thoughts of hurting yourself?
Yes No

Preview of systems (circle all that apply):

1. General:

Fever Unintentional Weight Gain/Loss Chills

2. Respiratory:

Asthma Shortness of Breath Upper Respiratory Infection Chronic Cough
Bloody Sputum Sleep Apnea Wheezing Emphysema Pneumonia

3. Cardiovascular:

Chest Pains Prior Heart Attacks High Blood Pressure Palpitations Leg Swelling
Heart Murmur

4. Gastrointestinal:

Heart Burn Nausea Diarrhea Constipation Bloody Stools Hiata Hernia
Dark Stools Abdominal Pain Bowel Incontinence

5. Urologic:

Urinary frequency Burning with urination Enlarged Prostate Incontinence
Urgency Dribbling Recurrent Urinary Tract Infections

6. Neurologic:

Seizures Paralysis Tingling Weakness Numbness Dizziness

7. Infection:

Wound Drainage Recent Infection History of Bone Infection
Herpes Zoster(shingles) MRSA Infection

8. Endocrine:

Excessive Thirst Cold/Heat Intolerance Diabetes Hyperthyroid Hypothyroid
Thyroidectomy Obesity

9. Skin:

Recurrent Rash Latex Allergy Eczema/Psoriasis Pressure Ulcers

10. Hematologic:

History of clotting History of Easy Bruising Anemia

11. Psychiatric:

Anxiety Depression Eating Disorder Other: _____

12. Cancer:

Lung Prostate Breast Colon Bone Kidney Other: _____