

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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SIGNED _____