

# HPI FOOT & ANKLE

Form Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

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

## History of Patient Illness:

1. What specific problem brings you to our office today?

\_\_\_\_\_  
\_\_\_\_\_

2. Where is the pain/condition located?

Left Foot/Ankle \_\_\_\_\_ Right Foot/Ankle \_\_\_\_\_ Both \_\_\_\_\_

3. How long ago did this problem start?

\_\_\_\_\_  
\_\_\_\_\_

4. How would you describe the nature of your pain?

Sharp	_____	Burning	_____	Stabbing	_____
Dull	_____	Radiating	_____	Throbbing	_____
Aching	_____	Itching	_____	Soreness	_____
Other	_____				

5. What seems to make the pain/condition feel worse?

Walking	_____	Flat Shoes	_____
Standing	_____	Any Closed Shoes	_____
Resting	_____	Daily Activities	_____
Exercise	_____	Dress Shoes	_____

6. What makes the condition feel better?

\_\_\_\_\_  
\_\_\_\_\_

7. What treatments have you tried for this condition?

\_\_\_\_\_  
\_\_\_\_\_

8. Do you participate in competitive sports? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Is this problem a result of an injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the date of injury? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Where did the injury occur?

\_\_\_\_\_  
\_\_\_\_\_

If the injury occurred at work, has your employer been notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_