

FOOT & ANKLE SPECIALISTS of DELAWARE COUNTY

Dr. David E. Samuel and Associates

Name: _____ DOB: _____ Date: _____

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING:

	YES	NO		YES	NO
DIABETES	_____	_____	PHLEBITIS	_____	_____
HIGH BLOOD PRESSURE	_____	_____	REFLUX/ULCERS	_____	_____
HEART DISEASE	_____	_____	HEPATITIS A	_____	_____
HEART MURMERS	_____	_____	HEPATITIS B	_____	_____
ANGINA	_____	_____	HEPATITIS C	_____	_____
HIV/AIDS/ARC	_____	_____	SEIZURES	_____	_____
KIDNEY DISEASE	_____	_____	GOUT	_____	_____
LIVER DISEASE	_____	_____	TUBERCULOSIS	_____	_____
LUNG DISORDERS	_____	_____	BACK PROBLEMS	_____	_____

PLEASE LIST ANY MEDICAL CONDITIONS PAST OR PRESENT NOT LISTED ABOVE:

FAMILY HISTORY

YES	NO	RELATIONSHIP	YES	NO	RELATIONSHIP
___	___	Diabetes _____	___	___	Blood Diseases _____
___	___	Heart Disease _____	___	___	Familial Hereditary Conditions _____
___	___	Cancer _____	___	___	Surgical Complications _____
___	___	Hypertension _____	___	___	Other _____

PLEASE LIST ANY HOSPITALIZATIONS AND/OR SURGERIES, AND THE YEAR:

PLEASE LIST PRESENT MEDICATIONS AND DOSAGES:

PLEASE LIST ANY ALLERGIES YOU HAVE: _____

SOCIAL HISTORY:

	YES	NO	HOW MUCH?
DO YOU SMOKE?	_____	_____	_____
DO YOU DRINK ALCOHOL?	_____	_____	_____

Signature/Guardian: _____