

Southwestern Foot & Ankle Associates, P.C.

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Dr. Thomas H. Tran

PATIENT HISTORY

Patient Name: _____ **Date:** _____

Chief Complaint: _____

Past Medical History: _____

Past Surgical History: _____

Medicines: _____ **Dosages:** _____

Allergies: _____

Family History:

Diabetes Heart Disease Hypertension Atherosclerosis

Arthritis Tuberculosis Cancer

Social History:

Tobacco _____ Alcohol _____ Drugs _____ Are you pregnant today? Yes _____

or No _____ If No, when was your last menstrual period? _____

Marital Status _____ Occupation _____ Shoes Size: _____

Weight: _____ Height: _____ Vital signs (sitting): _____

Patient's signature: _____

MEDICAL HISTORY REVIEW OF SYSTEMS

Patient's Name: _____

Date: _____

Please check any of the following that currently apply to you:

Constitutional:

Fever Head injury Dizziness

Eyes:

Glasses Glaucoma Cataracts Double/blurred vision

Ear/Nose/Mouth/Throat:

Loss of balance Ringing in ears Poor hearing Nasal surgery Nose bleeds
 Mouth sores Dry mouth Sore throat Difficulty swallowing

Cardiovascular:

Shortness breath High blood pressure Varicose veins Chest pain Leg pain
 Palpitations Irregular heartbeat Peripheral vascular disease

Respiratory:

Shortness of breath On exertion Lying down Cough up blood

Appetite loss

Bloody spit Chills Night sweats Weight loss Anorexia
 Productive, prolonged cough Fever of unknown origin

Gastrointestinal:

Nausea Vomiting Heart burn Stomach pain hepatitis
 Gallbladder disease Hernia type _____ Unexplained weight loss/gain

Genitourinary:

Incontinence Reduced urine flow Blood in urine Kidney disease
 Burning during urination Sexually transmitted disease
 change in the number of times you have to urinate at night

Bones/Muscles:

Arthritis Gout Muscle weakness Paralysis
 Unsteady on your feet Difficulty walking/standing/sitting

Skin/breast (men too):

Rash Unexplained bruises Lumps Breast pain
 Nipple discharge Change in contour Open sores? Where _____

Neurological:

Seizures Loss of sensation Tingling Numbness Tremors

Psychological:

Mood swings Unusually stressed Depressed Memory loss Anxiety

Endocrine:

Unusually tired Recent hair loss Hormone medicine Change I hair color/texture
 Unexplained weight loss Recent intolerance for cold or heat Unusually hungry or thirsty