

Allergies

Family Health History:

Social History:

Penicillin Sulfa Aspirin Codeine
Iodine Shellfish Tape Latex
NKDA Other: _____

Tobacco ___Pk ___Yrs. Alcohol _____
Illicit Drug Use _____

Job description/Shoe type/ Size

Preventative Care:

Primary Care Doctor: _____
Date of last visit: _____
Other Doctors: _____

Home Health: _____

Biopsy/Culture: ___ Swab
Specimen: ___ Nail ___ Skin

Office Use Only:

Foot Measurement: R L

X-Rays L/R AP Lateral Oblique Bilateral

Vitals: HT WT BMI BP / T P R Pain /10 BS A1C Shoe Size:

Dermatological

Texture
Normal Cracked Fissured Dry
Nails
Fungal Dystrophic Discolored
RT 1,2,3,4,5 LT 1,2,3,4,5
Incurvated RT 1,2,3,4,5
LT 1,2,3,4,5 Infected Non-Infected
Callused
RT 1,2,3,4,5 LT 1,2,3,4,5

Neurological

Sharp/Dull
RT normal abnormal
LT normal abnormal
Monofilament
RT normal abnormal
LT normal abnormal
Vibratory
RT normal abnormal
LT normal abnormal
Babinski pos neg
Hypersensitivity pos

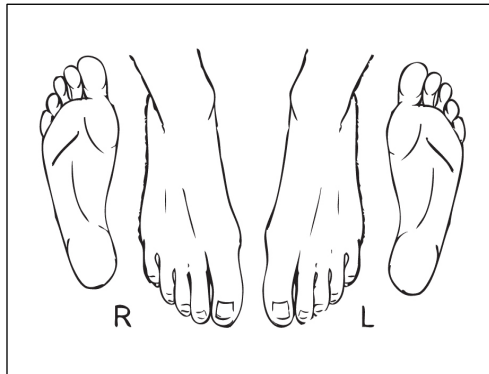
Musculoskeletal

Bunions RT LT
Tailor's Bunion RT LT
Pes Planus RT LT
Cavus RT LT
Hammertoe RT LT
Muscle Strength Normal
Abnormal

Vascular

Pulses
RT Pop /4 PT /4 DP /4
LT Pop /4 PT /4 DP /4
CFT Delayed Norm
Hair Present Absent
Edema Present Absent
Temp Cold Warm Hot

plantar medial lateral dorsal
distal
Wound ___cm X ___cm X ___mm
___cm X ___cm X ___mm



Assessment:

Plan:

RTC: ___ Days/Weeks/Months Reason: _____

DME Dispensed: CamWalker Nightsplint Ankle Brace Custom AFO Footsteps _____
Products purchased: MacerRx \$30 Kera Nail Gel \$25 Kera-42 \$25 Clarus Solution/Cream \$20 Clarus Spray \$12 VerruStat \$20
OTC Nightsplint \$35 Subzero \$10 Theraband Kit \$35 Ankle Compress Sleeve \$45 Walking Boot Sleeve \$45 Heel Cup \$5 Dry Feet
Budin Splint \$30