



New Patient Health History John M. White, DPM

Patient Name: _____ DOB: _____ Date: _____

Please Describe Your Current Foot Problem

(NLDOCAT)

Please Check All That Apply

Cardiovascular:

- Ankle swelling
- Calf cramping
- Change in color/temp extremity
- Chest pain or tightness
- Shortness of breath

Endocrine:

- Cuts take longer to heal
- Excessive urination
- High blood sugar
- Low blood sugar
- Unusual Fatigue

Eye/ENT:

- Difficulty swallowing
- Hearing loss
- Legally blind
- Retina disease
- Sinus infection/congestion

Immuno/Hemo:

- Bleeding tendencies
- Clotting difficulties
- Environmental allergie
- Gouty attacks
- Viral infections

Gastro:

- Diarrhea
- Liver disease
- Nausea
- Reflux
- Vomiting

Urinary:

- Blood in urine
- Dysuria/Nocturia
- Frequent urination
- Weak bladder
- Weak kidney

Integument:

- Blisters
- Dry/scaly skin
- Ingrown nail
- Itching
- Foot ulcers
- Slow-healing

Lymph:

- Enlarged node
- Leg swelling
- Cancer

Musculoskeletal:

- Back pain
- Decreased Rom
- Heel pain
- Joint pain
- Morning stiffness
- Weakness

Neurological:

- Burning tingling
- Hypersensitivity
- Numbness
- Paralysis
- Tremors
- Vertigo

Psychiatric:

- Anxiety
- Depression
- Memory loss
- Panic attacks

Respiratory:

- Asthma
- Breathing difficulty
- Cough
- Shortness breath
- Smoker

Surgery/Hospitalizations:

Medical History:
Medical Problems

Medications:
Prescription and OTC

Your Pharmacy: _____