

MEDICAL HISTORY

DR. MARK MATEY, DPM

Patient Name: _____ Today's Date: _____

Other treating Physicians: _____

Pharmacy Name and Phone #: _____

History of Present Illness (Describe all in detail what is bothering you, when started, treatment, test performed)

Previous Surgery _____

Allergies and Adverse Reactions (Include allergies to antibiotics, Latex, X-ray, skin preps)

CURRENT MEDICATIONS AND DOSE:

Are you in good health?

Are you Pregnant?

Are you subject to prolonged bleeding?

Are you subject to any nervous disorders, fainting or dizziness?

Tobacco:

1. None 2. Currently smoke _____ packs/day and have done so for _____ years

3. Previously smoked _____ packs/day for _____ years. Stopped in _____

4. Smokeless tobacco

Height _____ Weight _____ Shoe Size _____ Width _____

Have you ever been treated for the following?

	YES	NO		YES	NO		YES	NO
Diabetes	___	___	Arthritis	___	___	Liver Disease	___	___
Heart trouble/MVP	___	___	Epilepsy	___	___	Cancer	___	___
Asthma	___	___	Rheumatic Fever	___	___			
Hypertension	___	___	Kidney Disease	___	___			

I give my permission to Dr. Matey to evaluate my foot/leg condition and with my consent to administer treatment and perform such procedures as may be necessary in the diagnosis and/or treatment.

Signature: _____ Date: _____