

Drs. Sabet & Andrews
31852 Coast Hwy., Suite 105
Laguna Beach, CA 92651

Medical History

What is your foot problem?

When did problem begin? _____ Date (if an injury): _____

Describe any accident/event _____

First visit to a Doctor for this problem? Yes No

Describe any previous treatment or home remedies _____

Do you have or have you ever been treated for:

Diabetes Yes No

HIV Yes No

Heart Disease Yes No

High Blood Pressure Yes No

Poor Circulation Yes No

List other health problems: _____

Allergies to injection, oral or topical administration of:

Penicillin or other antibiotics? Yes No

Narcotics? (Codeine, Vicodin) Yes No

Local anesthetics? Yes No

Adhesive tape? Yes No

Latex? Yes No

Any other drug or medication? Yes No

Please List: _____

Please list your medications: _____

Are you slow to heal after cuts? Yes No

Any abnormal bruising or bleeding? Yes No

Height: _____ Weight: _____

How much are you on your feet at work?

20% 40% 60% 80% 100%

List any sports/activities: _____

Do you smoke? Yes No

Do you drink alcoholic beverages?

None Rarely Moderately Daily Quit

Please list previous medical or surgical problems: _____

Have you been treated for this problem before? _____

If female, are you pregnant? **Yes** **No**

Have you ever had foot surgery? Yes No When and by whom? _____

Have you had x-rays taken for this problem? Yes No When and by whom? _____

Name: _____