Foot and Ankle Associates of North Texas

PAST FAMILY SOCIAL HISTORY

Last Name: _____ Legal First Name: _____MI:____ DOB: _____

Allergies

□ **No Known Drug Allergies** □ Adhesive(tape) □ Amide Anesthetic □ Codeine □ Egg □ Ester Anesthetic □ Heparin
□ Iodine □ Latex □ Milk □ Oak □ Penicillins □ Salicylate (aspirin) □ Shellfish □ Sulfa □ Other: _____

Previous Procedures or Surgeries

□ **No Surgical History**	□ Cesarean section	□ Hip surgery	□ Lower extremity bypass
□ Amputation	□ Coronary bypass	□ Hysterectomy	□ Neuroma
□ Angioplasty/stent	□ Cosmetic surgery	□ Ingrown toenail	□ Pacemaker
□ Appendectomy	□ Gallblader surgery	□ Kidney transplant	□ Steroid injection
□ Blood transfusion	□ Gastric banding	□ Knee surgery	□ Tonsilectomy
□ Bunion	□ Hammer toe surgery	□ Liver transplant	□ _____

Past Medical History

□ **No Known Problems**	□ Cancer	□ GI, stomach ulcer	□ Kidney disease	□ RSD/CRPS reflex
□ Anxiety	□ DVT, blood clot	□ Gout	□ Liver disease	□ Seizure disorders
□ Arthritis	□ Dementia	□ HIV	□ MI, myocardial	□ Stroke
□ Asthma	□ Depression	□ Hepatitis	□ MRSA infection	□ Swelling of legs/feet
□ CAD, coronary artery	□ Diabetes	□ High cholesterol	□ Neuropathy	□ TB, tuberculosis
□ CHF, heart failure	□ Fibromyalgia	□ Hypertension	□ Osteoporosis	□ Thyroid disorders
□ COPD, lung disease	□ GERD, acid reflux	□ Injury of legs/feet	□ Pain of legs/feet	□ _____

Family History

□ Adopted	Alive	Deceased	Arthritis	Cancer	Cholesterol High	Dementia	Depression	Diabetes	Hypertension
□ Father	□	□	□	□	□	□	□	□	□
□ Mother	□	□	□	□	□	□	□	□	□
□ Daughter	□	□	□	□	□	□	□	□	□
□ Son	□	□	□	□	□	□	□	□	□
□ _____	□	□	□	□	□	□	□	□	□

Social History

Smoking History: □ **Never smoked**

Tobacco: □ Cigarettes □ Cigars □ Pipe □ Chew □ Dip

□ Current everyday smoker □ Current some day/social smoker

□ Former smoker □ Smoker: status unknown □ Unknown if ever

□ Heavy smoker (≥10 cig/day) □ Light smoker (≤10 cig/day)

Alcohol History: □ **No history of use**

□ Beer □ Wine □ Hard liquor □ Social □ Occasional

□ Heavy (7≥drinks/week) □ Light (≤7 drinks/week)

Recreational Drug History: □ **No history of use**

□ Have used □ Currently use □ Been treated for substance abuse

Education: □ Grade School □ High School □ College

Occupation: _____

Job requires: □ Climbing stairs □ Lifting+10 lbs □ Sitting
□ Standing □ Traveling □ Walking □ **Not employed**

Lives with: □ Children □ Friend(s) □ Grandparent(s)
□ Parent(s) □ Partner □ Pet(s) □ Roommate □ Self
□ Sibling(s) □ Spouse Other: _____

Lives in a: □ Home with stairs □ Home without stairs
□ Hospice □ Skilled nursing facility

Activities: □ Aerobics □ Baseball □ Basketball
□ Bowling □ Cycling □ Dancing □ Football □ Hiking
□ Golf □ Gymnastics □ Running □ Soccer □ Swimming
□ Tennis □ Walking □Yoga Other: _____

Print Name of Patient or Legal Authorized Representative	Signature	Relationship to Patient	Date