

# Myers Podiatry Clinic

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please answer all questions.

1. What is your MAIN problem today?

2. List any other foot problems that need attention.

Please check the following:

The pain is  Constant  Comes and Goes (Intermittent) in duration

Severity of pain  Mild  Moderate  Severe  Extremely Severe

What is the quality of the pain?  Sharp  Dull  Stabbing  Throbbing  Aching  Burning  
 Other: \_\_\_\_\_

Are there associated symptoms?  Swelling  Numbness  Weakness  Fever  Weight Loss

Since my problem has started, it is  Getting better  Getting worse  Unchanged

Does your pain wake you from sleep?  Yes  No

What makes your symptoms worse?  Activity  Exercise  Work  Other \_\_\_\_\_

Which make you feel better?  Rest  Heat  Ice  Elevation  Other \_\_\_\_\_

What medications have you taken or been prescribed for this problem?

Check which treatments have you tried: Injection  Y  N      Brace  Y  N  
Cane/Crutch  Y  N